
State:	Arkansas	Filing Company:	Catholic Financial Life
TOI/Sub-TOI:	L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life		
Product Name:	Universal Life		
Project Name/Number:	Ultimate Flex Flg/CNO-180		

Filing at a Glance

Company:	Catholic Financial Life
Product Name:	Universal Life
State:	Arkansas
TOI:	L09I Individual Life - Flexible Premium Adjustable Life
Sub-TOI:	L09I.001 Single Life
Filing Type:	Form
Date Submitted:	12/17/2012
SERFF Tr Num:	CAKN-128811419
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	CNO-180
Implementation	On Approval
Date Requested:	
Author(s):	Donna Peterson
Reviewer(s):	Linda Bird (primary)
Disposition Date:	12/20/2012
Disposition Status:	Approved-Closed
Implementation Date:	
State Filing Description:	

State: Arkansas **Filing Company:** Catholic Financial Life
TOI/Sub-TOI: L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life
Product Name: Universal Life
Project Name/Number: Ultimate Flex Flg/CNO-180

General Information

Project Name: Ultimate Flex Flg	Status of Filing in Domicile: Authorized
Project Number: CNO-180	Date Approved in Domicile: 12/04/2012
Requested Filing Mode:	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type:	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 12/20/2012
	State Status Changed: 12/20/2012
Deemer Date:	Created By: Donna Peterson
Submitted By: Donna Peterson	Corresponding Filing Tracking Number:

Filing Description:

Catholic financial Life is a fraternal benefit society filing a universal life product. This filing will replace our UL filing SERFF number CAKN-126928642, State number 47587 approved on 1/11/2011.

In the current low interest rate climate we are re-filing the contract with a change in the monthly expense charges and pricing. The contract is an individual flexible premium adjustable benefit contract. It will remain in force as long as the net account value is sufficient to cover the monthly deductions.

Application 2010 LF APP approved by your department on 6/16/2010 will be used with this contract. [State no.45939 SERFF no: FRCS-126669812]

The following approved riders may be used with this product:

- 1) Accelerated Benefit Rider - form no: 2010 ACCEL RDR; approved on 8/26/2010; SERF No.FRCS-126774648 State no. 16607
- 2) Waiver of Premium Rider - form no: 2010 WP UL approved on 6/16/2010; SERF No.FRCS-126669812; State no. 45939
- 3) Children's Term Rider - form 2010 CHLD TRM RDR approved on 7/2/2010; SERF No.CAKN-126675997 State no. 46077
- 4) Additional Insured Convertible 20 Year Term Rider - form 2010 20 YR2 TRM RDR approved on 7/2/2010; SERF no.CAKN-126675997 State no. 46077
- 5) Juvenile Purchase Option Rider; form 2010 JUV PO approved on 7/8/2010; SERF No.CAKN-126706765; State no. 46125
- 6) Guaranteed Insurability Rider - form 2010 GIO RDR - approved on 7/8/2010; SERF No.CAKN-126706765; State no. 46125

This filing is identical to the previous filing except for changes to the following:

- a) Page 3 - premiums
- b) Page 4 - Monthly expense charges were changed and filed as variable with the range capped off at \$10.00
- c) Page 10 Section 6.2 Minimum Death Benefit
- d) Actuarial memorandum and
- e) Statement of Variability

All changes in the contract and supporting documentation are highlighted in yellow for easy recognition. The approved contract issued to members will not be highlighted. This contract will be illustrated.

Company and Contact

State: Arkansas **Filing Company:** Catholic Financial Life
TOI/Sub-TOI: L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life
Product Name: Universal Life
Project Name/Number: Ultimate Flex Flg/CNO-180

Filing Contact Information

Donna Peterson, donna.peterson@catholicfinanciallife.org
1100 W Wells Street 414-278-6509 [Phone]
Milwaukee, WI 53233

Filing Company Information

Catholic Financial Life CoCode: 56030 State of Domicile: Wisconsin
1100 West Wells Street Group Code: Company Type: Fraternal
Milwaukee, WI 53233 Group Name: State ID Number: 2796
(414) 273-6266 ext. 6509[Phone] FEIN Number: 39-0201015

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: one contract form
Per Company: No

Company	Amount	Date Processed	Transaction #
Catholic Financial Life	\$50.00	12/17/2012	65803497

SERFF Tracking #:	CAKN-128811419	State Tracking #:		Company Tracking #:	CNO-180
State:	Arkansas	Filing Company:	Catholic Financial Life		
TOI/Sub-TOI:	L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life				
Product Name:	Universal Life				
Project Name/Number:	Ultimate Flex Flg/CNO-180				

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/20/2012	12/20/2012

State:	Arkansas	Filing Company:	Catholic Financial Life
TOI/Sub-TOI:	L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life		
Product Name:	Universal Life		
Project Name/Number:	Ultimate Flex Flg/CNO-180		

Disposition

Disposition Date: 12/20/2012

Implementation Date:

Status: Approved-Closed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Catholic Financial Life	%	%				%	%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Regulation 19 Cert		Yes
Supporting Document	Regulation 34 Cert		Yes
Supporting Document	Statement of Variability		Yes
Supporting Document	Exhibit A		Yes
Supporting Document	Actuarial Memorandum		No
Form	Universal Life Insurance		Yes
Rate	3% Expense Allowance		Yes

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Form Schedule

Lead Form Number: 2012 UL FLX								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Universal Life Insurance	2012 UL FLX AR	CER	Initial		50.000	Pol.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



CATHOLIC FINANCIAL LIFE
1100 West Wells Street
Milwaukee Wisconsin 53233
800-927-2547
www.catholicfinanciallife.org

Insured [John DOE]
Certificate Number: [123456]

UNIVERSAL LIFE INSURANCE

Flexible Premium Adjustable Life Insurance
Adjustable Death Benefit Payable Upon the Death of the Insured
Benefits, Values, Periods of Coverage and Premiums are on an Indeterminate Basis
Death Benefit Guarantee Available
Participating

READ YOUR CONTRACT CAREFULLY This is a legally binding insurance contract between you and Catholic Financial Life. The contract is issued based on the signed application and receipt of the full payment of the initial premium.

Catholic Financial Life agrees to pay the benefits provided in this contract subject to its terms and conditions upon receipt of due proof of the insured's death. We will pay the insurance proceeds (see Section 6) to the beneficiary according to the provisions of this certificate.

RIGHT TO CANCEL – The owner may cancel this contract for any reason before midnight on the twentieth (20th) day after the owner received the certificate. If the contract is a replacement contract the owner may cancel this contract for any reasons before midnight on the thirtieth (30th) day after receipt of the certificate

This is done by delivering or mailing a written notice and the certificate to Catholic Financial Life, 1100 West Wells Street, Milwaukee, Wisconsin 53233, to our authorized agent through whom you purchased the insurance, or to any Catholic Financial Life authorized agent. If mail is used, it is effective on the date postmarked with a correct address and sufficient postage. Catholic Financial Life will return all payments for this insurance within ten (10) days after it receives the notice and the certificate. This contract will then be void from the beginning.

Signed at our Home Office in Milwaukee, Wisconsin, on the certificate date.

[]
[	
	President	Secretary

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SECTION 1 CONTRACT SPECIFICATIONS

INSURED: [John D. Doe]

ISSUE AGE: [35] **SEX:** [male]

CERTIFICATE DATE: [7/1/2010]

OWNER: [John D. Doe]

FACE AMOUNT OF INSURANCE: [\$100,000]

CERTIFICATE NUMBER: [1234567]

PREMIUM CLASS: [NON-TOBACCO]

DIVIDEND OPTION: [Cash]

DEATH BENEFIT OPTION: [Option 1]

[ADDITIONAL INSURED: Jane A. Doe

ISSUE AGE: 35 **SEX:** Female]

PREMIUM CLASS: NON-TOBACCO

SCHEDULE OF BENEFITS AND PREMIUMS

Plan: FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE

Initial Face Amount: [\$100,000]

PLAN	FACE AMOUNT	DESCRIPTION OF BENEFIT	BENEFIT EXPIRY DATE	NUMBER YEARS PREMIUM PAYMENT	MONTHLY DEATH BENEFIT GUARANTEE PREMIUM
2012 UL FLX	[\$100,000]	Adjustable Life Insurance Contract	[6/30/2096]	[86]	[\$91.21]

Premiums

Total Monthly Death Benefit Guaranteed Premium **[\$91.21]**

Total Planned Premium **[\$1,500.00]**
Planned Premium Mode **[Annual]**

Minimum Face Amount **[\$50,000]**
Minimum Credited Interest Rate **3.0%**

DIVIDENDS are not guaranteed. We do not expect that any dividend will be paid for this contract since it is not expected to contribute to divisible surplus.

BENEFICIARY As stated in the application unless subsequently changed as provided in this contract.

To make this contract clear and easy to read, we have left out many cross references and conditional statements. Therefore, the provisions of the contract must be read as a whole.

IMPORTANT NOTICE

It is possible that coverage will terminate if premiums are not paid or premiums are not sufficient to continue coverage.

The telephone number of the Arkansas Office of the Commissioner of Insurance is 501-371-2600.

CHARGES

Percent of Premium Charge 5% of each premium

Monthly Expense Charges [\$7.50 for all years]

Monthly Deduction for Riders [\$3.08]

Schedule of Surrender Charges

Surrender Date	Surrender Charge
[07/01/2010 - 06/30/2011	\$1,134
07/01/2011 - 06/30/2012	\$1,021
07/01/2012 - 06/30/2013	\$907
07/01/2013 - 06/30/2014	\$794
07/01/2014 - 06/30/2015	\$680
07/01/2015 - 06/30/2016	\$567
07/01/2016 - 06/30/2017	\$454
07/01/2017 - 06/30/2018	\$340
07/01/2018 - 06/30/2019	\$227
07/01/2019 - 06/30/2020	\$113
07/01/2020 - 06/30/2021	\$0]

TABLE OF MAXIMUM COST OF INSURANCE RATES
For [Male Non-Tobacco] Insurance Class

Attained Age	Cost of Insurance Rate*	Attained Age	Cost of Insurance Rate*	Attained Age	Cost of Insurance Rate*	Attained Age	Cost of Insurance Rate*
0	0.0600	31	0.0842	62	0.9850	93	19.9400
1	0.0383	32	0.0850	63	1.1025	94	21.4025
2	0.0275	33	0.0875	64	1.2250	95	22.8508
3	0.0200	34	0.0892	65	1.3525	96	24.2650
4	0.0175	35	0.0933	66	1.4817	97	25.7717
5	0.0175	36	0.0975	67	1.6167	98	27.3783
6	0.0183	37	0.1033	68	1.7592	99	29.0925
7	0.0183	38	0.1108	69	1.9192	100	30.7300
8	0.0183	39	0.1175	70	2.1058	101	32.1825
9	0.0192	40	0.1267	71	2.3325	102	33.7275
10	0.0200	41	0.1375	72	2.5975	103	35.3700
11	0.0233	42	0.1508	73	2.8767	104	37.1058
12	0.0283	43	0.1667	74	3.1767	105	38.9342
13	0.0333	44	0.1842	75	3.5033	106	40.8750
14	0.0433	45	0.2033	76	3.8717	107	42.9342
15	0.0550	46	0.2225	77	4.3000	108	45.1192
16	0.0642	47	0.2383	78	4.7975	109	47.4350
17	0.0725	48	0.2508	79	5.3550	110	49.8875
18	0.0767	49	0.2667	80	5.9767	111	52.4858
19	0.0783	50	0.2875	81	6.6525	112	55.2358
20	0.0792	51	0.3142	82	7.3683	113	58.1458
21	0.0792	52	0.3467	83	8.1500	114	61.2208
22	0.0792	53	0.3842	84	9.0192	115	64.4692
23	0.0800	54	0.4317	85	9.9858	116	67.8967
24	0.0808	55	0.4850	86	11.0492	117	71.5108
25	0.0833	56	0.5400	87	12.1983	118	75.3167
26	0.0867	57	0.5933	88	13.4200	119	79.3058
27	0.0883	58	0.6467	89	14.7017	120	83.3333]
28	0.0867	59	0.7092	90	15.9783		
29	0.0858	60	0.7850	91	17.2350		
30	0.0850	61	0.8775	92	18.5517		

*The Maximum monthly cost per \$1000 of Risk Amount for the [Male Non-Tobacco] Insurance Class, is based on the 2001 CSO [Male Non-Smoker] Ultimate ALB Mortality Table.

SECTION 2 DEFINITIONS

YOU and **YOUR** refer to the owner of this insurance contract. The owner is as shown in Section 1, unless later changed as provided in this certificate. The owner may be someone other than the insured.

WE, US and **OUR** means Catholic Financial Life, a fraternal benefit society.

The **INSURED** is the person named in Section 1 at whose death the insurance proceeds will be payable.

Additional Benefits. Any riders included in this Contract as shown on the Contract Specifications page.

Application. The signed document(s) provided to us in application for membership and/or this life insurance contract, including all amendments and supplements to the application.

Attained Age. The Insured's age on the latest Contract Anniversary.

Base Amount of Insurance. The minimum amount of insurance coverage provided under this Contract as determined in Section 6.

The **Beneficiary** is the person who has a right to receive the death benefit proceeds.

Cash Value. The Account Value as determined in Section 9, less any applicable Surrender Charges. The Cash Value amount may appear on illustrations and other correspondence from us.

Certificate. This *Certificate of Membership and Insurance*, documenting membership with Catholic Financial Life and ownership of a legally binding life insurance contract. The Certificate provides the agreed terms and conditions of the life insurance contract.

Certificate Date. The Certificate Date is shown on the Contract Specifications page. This Contract takes effect and begins as of the Certificate Date. Contract years and months are measured from the Certificate Date.

Contract. The life insurance contract, as provided in Section 3.1.

Contract Anniversary. The same day of each year after issuance of the Contract as the Certificate Date on Page 3.

Contract Maturity Date. The latest date that this Contract may be kept in force. The Net Account Value will be paid to the owner if the insured is still living. The Contract Maturity Date is the Benefit Expiry Date for this Contract.

Contract Year. The period of time from one Contract Anniversary to the next Contract Anniversary. The first Contract Year is the period of time from the Certificate Date until the first Contract Anniversary.

Death Benefit. The amount of money payable under this Contract upon the death of the Insured before adjustments for any indebtedness.

Face Amount. The amount of life insurance provided by this Contract exclusive of any riders.

Insurance Class. The Insured's grouping for determining the Cost of Insurance rates based on sex and risk class.

Monthly Anniversary. The same day of each month after issuance of the Contract as the Certificate Date on page 3.

Net Premium. The portion of each premium that is applied to increase the Account Value. The Net Premium is equal to the premium paid less the Percent of Premium Charge shown on the Contract Specifications page.

Planned Premium. The amount of periodic premium payments that you select. Your initial election is shown on the Contract Specifications page.

Surrender Charge. A fee that is applied at the time a Contract is surrendered by the owner. The Surrender Charge will be the amount shown on the Contract Specifications pages.

Written Notice. A written request or statement signed by you and received in good order by us at our Home Office.

SECTION 3 GENERAL PROVISIONS

3.1 The Life Insurance Contract

Your life insurance contract ("Contract") consists of this Certificate, including all supplemental changes, endorsements and riders to this Certificate, the Applications, and the Constitution ("Articles of Incorporation") and Bylaws of Catholic Financial Life. Any changes, additions or amendments to the Constitution or Bylaws of Catholic Financial Life duly made or enacted subsequent to the issuance of this Certificate shall bind the owner and the beneficiaries and shall govern and control the Contract in all respects the same as if the changes, additions or amendments had been made prior to and were in force at the time of the Applications for membership and insurance, except that no change, addition or amendment shall destroy or diminish benefits which Catholic Financial Life contracted to give the owner as of the Certificate Date.

If you cease to be a member of Catholic Financial Life for any reason except for non-payment of a premium or within the contestable period for material misrepresentation in the application for membership or insurance, you may maintain the Contract in force by continuing payment of the required premium. No provision of Catholic Financial Life' Constitution or Bylaws provides for the termination of coverage under this Contract.

We assume that all statements made in the Applications were made to the best of the knowledge and belief of the person who made them; in the absence of fraud they are deemed to be representations not warranties. We relied on those statements when we issued the Certificate. We will not use any statement, unless made in the Applications, to void this Contract or to deny a claim.

No change in this Certificate is valid unless it has been approved by the insurance supervisory official of the state in which this Contract is delivered and by an officer of Catholic Financial Life. No agent or financial services representative has authority to change this Certificate or to waive any of its provisions.

3.2 Incontestability

This Contract will not be contested by us after it has been in force during the lifetime of the Insured for two (2) years from the Certificate Date except for (a) non-payment of premium, and (b) fraud in the procurement of this Contract when permitted by applicable law in the state where this contract is delivered or issued for delivery. This provision will apply from the date this Contract is reinstated with regard to statements made in the application for reinstatement.

If an increase in the face amount required proof of insurability, Catholic Financial Life will not contest the validity of the increase after it has been in effect for two (2) years from the date of increase provided the Insured has not died during that time.

3.3 Suicide

If the Insured dies by suicide, whether sane or insane, within two (2) years from the Certificate Date, we will pay no more than the sum of the premiums paid without interest less any Indebtedness, less any dividends paid, and less any partial withdrawals.

If the Insured dies by suicide, whether sane or insane, within two (2) years from the date of a rider addition or an increase in the Face Amount that increases the Insurance Proceeds payable, the amount of the rider addition or increase in Death Benefit will not be paid. Catholic Financial Life will refund the Cost of Insurance deductions attributable to the addition or increase.

3.4 Misstatement of Age or Sex

If the age or sex of the Insured has been misstated, the current face amount and every other benefit payable will be the amount which the most recent Cost of Insurance Rate would have purchased.

3.5 Maintenance of Legal Reserves

If for any reason our reserves as to all or any class of policies become impaired, Catholic Financial Life' Board of Directors or a corresponding body may require that there shall be paid by the owner to us the amount of the owner's equitable portion of such deficiency.

If the payment is not made it shall stand as an Indebtedness against the Contract and draw interest at the rate of interest set by us for loans in accordance with Section 12.2. In lieu thereof or in combination therewith, the owner may consent to an equivalent reduction in benefits.

The foregoing provisions of this Section 3.5 correspond in substance to a section of the Catholic Financial Life Bylaws. No other provision of Catholic Financial Life' Constitution or Bylaws provides for any reduction of benefits under this Contract.

3.6 Annual Report

At least once each year we will send a report, without charge, to the owner which shows current information as of a date not more than four months prior to the date of mailing. This information includes the following:

- 1) The beginning and end dates of the current report period.
- 2) The Account Value at the end of the current report period;
- 3) The amounts (identified by type) that have been credited or debited during the current report period;
- 4) The loan balance, if any, at the end of the current period;
- 5) The death benefit at the end of the current period; and
- 6) The Cash Surrender Value, if any, at the end of the current report period.

If assuming guaranteed interest, mortality and expense loads, and continued scheduled premiums, the contract would terminate due to excess indebtedness, a notice to this effect will be included in the report.

3.7 Illustration

Upon your written request, we will provide one illustration of future death benefits and surrender value in any contract year. The illustration will be based on necessary assumptions specified by us and/or you. Additional illustrations are available upon your written request for a fee not to exceed \$25.00.

3.8 Forms and Procedures

We may require the owner to follow our procedures and to use our forms to take any action, such as changing a beneficiary or requesting a payment. We may require the owner to submit this certificate for endorsement to show any change. The owner may obtain any information and forms from an authorized agent or the home office.

SECTION 4 OWNERSHIP

4.1 The Owner

The owner is named on page 3. All Contract rights may be exercised by you or your successor or transferee, without the consent of any beneficiary designated unless the beneficiary has been made irrevocable. These rights may be exercised only during the lifetime of the Insured and thereafter to the extent permitted by Section 15.

4.2 Transfer of Ownership

You may transfer the ownership of this Contract. Written evidence of transfer satisfactory to us must be received at our Home Office. The transfer will then be effective as of the date it was signed by you, subject to any payments made or actions taken by us prior to receipt of this transfer.

4.3 Collateral Assignment

You may assign this Contract as collateral security. We assume no responsibility for the validity or effect of any collateral assignment of this Contract. We will not be responsible to an assignee for any payment or other action taken by us before receipt of the assignment in writing at our Home Office.

The interest of any beneficiary will be subject to any collateral assignment made either before or after the beneficiary designation. The rights of an assignee may not come before the rights of an irrevocable beneficiary that is designated prior to the assignment.

You must give us notice of an assignment. An assignment, unless otherwise specified by the owner, will be effective on the date signed, subject to any payments made or actions taken by us prior to receipt of such notice.

A collateral assignee is not an owner. A collateral assignment is not a transfer of ownership. Ownership can be transferred only by complying with Section 4.2

4.4 Successor Owner

The contract owner may designate a successor owner to assume the responsibilities and duties of the contract owner in the event of the death of the contract owner. The successor owner may be an individual, at least 18 years of age, or a corporation, partnership, trust or other entity. The successor owner has no rights in regard to the contract and cannot direct any changes, conversion, transfers or cancellations, except in the event of the death of the contract owner. The contract owner may change the designation of the successor owner at any time.

SECTION 5 PREMIUMS AND REINSTATEMENTS

5.1 Premium Payments

The amount of the Planned Premium and its interval of payment are shown on the Contract Specifications page. The initial premium is due on or before the Certificate Date. Premiums received before the Certificate Date are applied on the Certificate Date. All premiums are payable at our Home Office or to any Catholic Financial Life financial services representative.

Premiums may be paid at any time before the Contract Maturity Date. You may pay more or less than the Planned Premium, but each premium that is not paid electronically must be at least \$25. However, except as provided in Section 8, to continue the Contract in force on each Monthly Anniversary the Net Account Value must be sufficient to cover the Total Monthly Deduction.

We reserve the right to not accept premiums, or a portion of a premium, if after the premium is applied the Base Amount of Insurance will be the Minimum Death Benefit as described in Section 6.2 and 6.3. Acceptance of premiums in this case is subject to our issue and underwriting requirements.

5.2 Premium Billing

We will send premium billings based on the amount and interval of premium payments you request. You may change the amount and, subject to our administrative rules, the interval or method of billing by giving Written Notice.

5.3 Premium in Default and Grace Period

Except as described under Section 8, Death Benefit Guarantee, a premium is in default on a Monthly Anniversary if the Monthly Deduction to be made on that day would result in a Net Account Value less than zero. Notice of the premium required for the grace period and to keep this Contract in force for three months will be mailed to you and any assignee of record, at the address last known to us. You will have a grace period of 61 days after the date of notice during which the Contract will remain in force. We will deduct any Monthly Deduction not made while the premium was in default. This Contract will terminate without value at the end of the grace period. Any premium payment sent by U.S. mail must be postmarked before the expiration of the grace period.

5.4 Reinstatement

This Contract may be reinstated within three (3) years after the end of the grace period unless it has been surrendered. Following the end of the grace period, to reinstate we require:

- 1) Evidence of insurability which meets our standards;
- 2) Payment of a premium sufficient to cover the Monthly Deductions that were not made during the grace period;
- 3) Payment of a premium sufficient to keep this contract in force for at least one (1) month; and
- 4) Repayment or reinstatement of all Indebtedness existing at the end of the grace period.

If all of the above requirements are met and we approve the application for reinstatement, reinstatement will be effective on the Monthly Deduction Date immediately preceding the date of our approval. If a Surrender Charge was applicable at the end of the grace period, we will issue a new Schedule of Charges restating the surrender charges. The new Schedule of Surrender Charges will not include the time between the end of the grace period and the date of reinstatement. There will be no Monthly Deductions or loan interest charged from the date of lapse to the date of reinstatement. Upon reinstatement, the Account Value is the Account Value on the date of lapse plus the Net Premiums received minus the Monthly Deductions that were not made during the Grace Period minus the Monthly Deduction on the reinstatement date.

The Death Benefit Guarantee cannot be reinstated under this provision.

5.5 Continuation of Insurance Coverage

This Contract will remain in force until the first of the following events to occur:

- 1) The date of death of the Insured.
- 2) The end of the grace period if the premium required to keep this Contract in force has not been received at our Home Office.
- 3) The date you surrender this Contract.
- 4) The Contract Maturity Date shown on the Contract Specifications page.

Any dividend accumulations and the cash value of any paid-up dividend additions shall be paid to the owner upon termination of the contract.

SECTION 6 INSURANCE PROCEEDS

When the Insured dies, an amount of money called the Insurance Proceeds, will be payable to the beneficiary. The Insurance Proceeds are described in this section.

6.1 Current Face Amount

The Initial Face Amount of Insurance is shown on page 3. You may increase or decrease the Initial Face Amount of Insurance as described in Section 7. The Current Face Amount on any date is the

Initial Face Amount of Insurance plus any face amount increases and minus any face amount decreases on or prior to that date.

6.2 Minimum Death Benefit

This Contract is intended to qualify as a "life insurance contract" under Section 7702 of the Internal Revenue Code by providing a Minimum Death Benefit in compliance with the Cash Value Accumulation Test. The Minimum Death Benefit on any date is the amount of paid-up whole life insurance that would be purchased by the Account Value as a net single premium at the Insured's sex and Attained Age using the mortality and **minimum** interest rate **allowed for this test**. If, at any time, a different method or basis which provides a higher Minimum Death Benefit is needed to satisfy the Cash Value Accumulation Test, the Minimum Death Benefit will be calculated on that method or basis. We reserve the right to make any reasonable adjustments to the terms or conditions of this policy if it becomes necessary to allow it to qualify as life insurance. A change in Death Benefit Option or Current Face Amount, or certain other policy changes, will often change the policy's limits under the Cash Value Accumulation Test. We reserve the right to refuse or limit any request for a change if the change would cause the policy to fail to qualify as life insurance for tax purposes.

This provision should not be construed to guarantee that this policy will receive tax treatment as life insurance or that the tax treatment of life insurance will never be changed by the future actions of any tax authority.

6.3 Death Benefit Options

The Death Benefit Option in effect as of the Certificate Date is shown on the Contract Specifications page and may be subsequently changed by you in accordance with Section 7.3. There are two death benefit options:

Option 1 - The Base Amount of Insurance will be the greater of:

- 1) the Current Face Amount; and
- 2) the Minimum Death Benefit.

Option 2 - The Base Amount of Insurance will be the greater of:

- 1) the Current Face Amount plus the Account Value, and
- 2) the Minimum Death Benefit.

6.4 Insurance Proceeds Calculation

The Insurance Proceeds are:

- 1) The Base Amount of Insurance from the death benefit option in effect on the date of death
PLUS
- 2) Any insurance on the Insured's life which may be provided by riders to this Contract
PLUS
- 3) Any insurance bought with dividends
MINUS
- 4) Any Indebtedness.

Within a reasonable period (not longer than two months) after we have received due proof of the Insured's death and of the claimant's right to payment, we will pay the Insurance Proceeds in one lump sum unless one or more of the payout plans described in Section 15 is selected. We will pay interest on the proceeds from the date of death to the date of settlement at the rate paid on the date of death on funds left on deposit with us.

Additional interest, at a rate of 8%, will be paid if the Insurance Proceeds are not paid within 30 calendar days from the latest of (1) our receipt of due proof of the Insured's death, (2) our receipt of

sufficient information to determine the extent of liability and payee, and (3) removal of any legal impediments to payment of proceeds that were depended upon parties other than us. Due proof of the Insured's death will consist of a certified copy of the Insured's death certificate, or other lawful evidence providing equivalent information and proof of the claimant's interest in the proceeds.

SECTION 7 CHANGES IN FACE AMOUNT AND DEATH BENEFIT OPTION

7.1 Increase In Face Amount

After the Contract has been in force for one (1) Contract Year, you may increase the Face Amount any time before the Contract Anniversary on or next following the Insured's 85th birthday. The increase is subject to the following:

- 1) Only one (1) increase is allowed in each Contract Year.
- 2) You must make written application to us at our Home Office.
- 3) You must give us evidence of insurability which meets our standards.
- 4) The increase must be at least \$25,000.
- 5) The effective date of the increase will be the date shown on the supplemental contract schedule that we will mail to you.
- 6) The Cost of Insurance for the increase will be included in the Monthly Deduction beginning on the effective date of the increase.
- 7) The Net Account Value must be sufficient to cover the Monthly Deduction on the effective date of the increase.
- 8) A new schedule of Surrender Charges will apply to the increase in Face Amount. The new Surrender Charges will be based upon the same basis as used to determine the Surrender Charges at issue. We will provide the owner a copy of the new Surrender Charges before any increase is issued.
- 9) A new Total Death Benefit Guarantee Premium will be determined if the Death Benefit Guarantee is in effect on the effective date of the increase.

7.2 Decrease In Face Amount

After the Contract has been in force for one (1) Contract Year, you may decrease the face amount at any time before the Contract Maturity Date. The decrease is subject to the following:

- 1) Only one decrease is allowed in each Contract Year
- 2) You must give Written Notice.
- 3) The decrease must be at least \$10,000
- 4) The decrease will be applied, in successive order, against:
 - a. The most recent increase in Face Amount;
 - b. The next most recent increase(s); then
 - c. The Initial Face Amount.
- 5) The decrease will not reduce the Surrender Charge.
- 6) The Face Amount after the decrease must not be less than the Minimum Face Amount shown on the Contract Specifications page.

- 7) A new Total Death Benefit Guarantee Premium will be determined if the Death Benefit Guarantee is in effect on the effective date of the decrease.
- 8) The effective date of the decrease will be the Monthly Anniversary on or next after the date we receive Written Notice. That date will be shown on the supplemental contract schedule that we will mail to you.

7.3 Changes of Death Benefit Option

After the Contract has been in force for one (1) Contract Year, you may change the death benefit option at any time before the Contract Anniversary on or next following the Insured's 85th birthday. The change is subject to the following:

- 1) Only one (1) Death Benefit Option change is allowed in any Contract Year.
- 2) You must give Written Notice.
- 3) If you change from Option 1 to Option 2, the Face Amount will be decreased by the Account Value on the effective date of the change. The decrease in Face Amount will be applied in the order specified in Section 7.2. However, this change may not be made if it would reduce the Face Amount to less than the Minimum Face Amount shown on the Contract Specifications page.
- 4) If you change from Option 2 to Option 1, the Face Amount will be increased by the Account Value on the effective date of the change. A new schedule of Surrender Charges will apply to the increase in Face Amount.
- 5) A new Total Death Benefit Guarantee Premium will be determined if the Death Benefit Guarantee is in effect on the effective date of the change.
- 6) The effective date of the change will be the Monthly Anniversary on or next after the date we receive Written Notice. The new Death Benefit Option will be shown on the supplemental contract schedule that we will mail to you.

SECTION 8 DEATH BENEFIT GUARANTEE

8.1 Death Benefit Guarantee

This Contract will continue in force and no premium will be in default on a Monthly Anniversary even if the Monthly Deduction to be made that day would result in a Net Account Value that is less than zero; provided that you pay sufficient premiums to meet the Death Benefit Guarantee Requirements and the Death Benefit Guarantee has not terminated.

If this Contract continues in force under the Death Benefit Guarantee as described above, then if the Monthly Deduction on a Monthly Anniversary exceeds the Net Account Value, no deduction will be made and the Monthly Deduction will be postponed until the next Monthly Anniversary on which the Net Account Value exceeds the amount of the postponed Monthly Deduction. Postponed Monthly Deductions will be made in order, starting with the first postponed deduction. The Total Death Benefit Guarantee Premium is shown on the Contract Specifications page.

8.2 Death Benefit Guarantee Requirements

On any Monthly Anniversary, the requirements for the Death Benefit Guarantee are met if (1) is equal to or greater than (2) where:

- 1) Is the sum of:
 - a) Premiums paid; and
 - b) Any premiums credited to this Contract under a Waiver of Premium Rider;

Less the sum of:

- c) Any partial withdrawals; and
 - d) Any Indebtedness.
- 2) Is the sum of the Total Death Benefit Guarantee Premiums from the Certificate Date through that Monthly Anniversary.

8.3 Death Benefit Guarantee Premiums

Death Benefit Guarantee Premiums and the Total Death Benefit Guarantee Premium on the Certificate Date are shown on the Contract Specifications page. If the Death Benefit Guarantee has not terminated, then a new Total Death Benefit Guarantee Premium will be determined whenever:

- 1) The Death Benefit Option is changed;
- 2) The Face Amount is increased or decreased;
- 3) The Insurance Class is changed; or
- 4) Additional Benefits are increased, decreased, added to this Contract or terminated.

The new Total Death Benefit Guarantee Premium will be shown on the supplemental contract schedule that we will mail to you.

8.4 Termination of Death Benefit Guarantee

The Death Benefit Guarantee may terminate if the requirements for the Death Benefit Guarantee are not met. The Death Benefit Guarantee terminates on the Certificate Date if the initial premium paid is less than the Total Death Benefit Guarantee Premium. On the first Monthly Anniversary on which the requirements for the Death Benefit Guarantee are not met, we will mail to you at the address last known to us a notice of the premium needed. You will have a grace period of 61 days after the date of notice during which the Death Benefit Guarantee will remain in force. If the required premium is not received at our Home Office within the grace period, the Death Benefit Guarantee will terminate as of the Monthly Anniversary on which the requirements for the Death Benefit Guarantee were not met.

If the Death Benefit Guarantee has terminated, the Contract will remain in force subject to Section 5.5.

8.5 Reinstatement of Death Benefit Guarantee

The Death Benefit Guarantee may be reinstated within one year of the date the Death Benefit Guarantee terminated provided:

- 1) The Contract has remained in force under Section 5.5 and has not been reinstated under Section 5.4; and
- 2) You pay premiums sufficient to meet the Death Benefit Guarantee requirements in Section 8.2 as of the Monthly Anniversary on or immediately preceding the date of Death Benefit Guarantee reinstatement.

SECTION 9 ACCOUNT VALUE

9.1 Account Value

The Account Value is the sum of:

- 1) Net Premiums received by us; and
- 2) Interest credited;

LESS the sum of:

- 3) Monthly Deductions; and
- 4) Any partial withdrawals made.

9.2 Net Account Value

The Net Account Value is equal to the Account Value less any Indebtedness.

9.3 Interest

Interest is credited daily on the Account Value. We guarantee that the interest rate credited will not be less than an effective annual rate of three percent (3%). We may credit interest in excess of the guaranteed rate. However, the credited excess interest on the portion of the Account Value equal to any Indebtedness may be lower than the credited excess interest rate on any unloaned Account Value.

9.4 Basis of Computations

Net single premiums in this Contract are based on the Commissioner's 2001 Standard Ordinary Male and Female Ultimate Mortality Tables, split smoker/nonsmoker. Interest is at three percent (3%) per year.

The computations consider that the Contract is issued on the basis of the Insured's sex and age at last birthday. They are also based on the assumption that Death Benefits are payable immediately upon death.

The Commissioner's Reserve Valuation Method is used in the calculation of reserves.

The Cash Surrender Values available under this Contract are equal to or greater than those required by the law of any state in which this Contract is delivered. We have filed a detailed statement of the method of computation with the insurance supervisory official of the state in which this Contract is delivered.

SECTION 10 SURRENDER

10.1 Cash Surrender Value

The Cash Surrender Value on any day is equal to the Net Account Value less the sum of:

- 1) The amount, if any, needed to cover unpaid Monthly Deductions; and
- 2) The Surrender Charges, if any, applicable on that day.

The Cash Surrender Value on a Monthly Anniversary is determined without regard to the Monthly Deduction on that date. If the request is made within 30 days of a Contract Anniversary, the Cash Surrender Value will not be less than the anniversary value. Cash Surrender Values are not less than the minimum values required by law.

We have the right to defer the payment of any Cash Surrender Value for six months from the date the surrender is requested.

10.2 Full Surrender

You may surrender this Contract for its Cash Surrender Value by giving Written Notice while the Insured is living. The surrender will be effective on the later of the day you give Written Notice to Catholic Financial Life or a Catholic Financial Life financial services representative, or the date you specify. Insurance coverage ceases on the effective date of the surrender.

10.3 Partial Withdrawal

You may withdraw a portion of the Account Value by giving Written Notice while the Insured is living. The Withdrawal will be effective on the day you give Written Notice to Catholic Financial Life or a Catholic Financial Life financial services representative. Up to four (4) Partial Withdrawals may be requested in any Contract year and each Partial Withdrawal must be at least \$200. A Partial Withdrawal:

- 1) Will reduce the Account Value by the amount of the Partial Withdrawal;
- 2) Must not reduce the remaining Cash Surrender Value to less than \$300; and
- 3) If the Death Benefit Option is Option 1, then the Partial Withdrawal will decrease the Current Face Amount by the amount of the Partial Withdrawal. The decrease in Face Amount will be applied in the order specified in Section 7.2.

A Partial Withdrawal may cause the Death Benefit Guarantee to terminate.

SECTION 11 MONTHLY DEDUCTION

11.1 Monthly Deduction

The Monthly Deduction from the Account Value is the sum of:

- 1) The Monthly Expense Charges shown on the Contract Specifications page;
- 2) The monthly cost of any additional benefits and riders; and
- 3) The monthly Cost of Insurance (see Section 11.2).

The first Monthly Deduction is made on the Certificate Date. Thereafter, a Monthly Deduction is made on each Monthly Anniversary prior to the Contract Maturity Date, unless a premium is in default (see Section 5.3) or the deduction is postponed under Section 8, Death Benefit Guarantee.

Deductions from Account Value are made in the order listed above.

11.2 Cost of Insurance

The Cost of Insurance is determined on the Certificate Date and on each Monthly Anniversary. It is equal to the Cost of Insurance Rate multiplied by the Risk Amount divided by 1,000.

11.3 Cost of Insurance Rate

We will determine the Cost of Insurance Rate monthly. The rate is based on the Insured's Insurance Class and age. For the Initial Face Amount, the Cost of Insurance Rate is based on Issue Age and the number of years since the Certificate Date. For any increase in Face Amount, the rate is based on the Insured's age on the effective date of the increase and on the number of years since that date.

The Insurance Class for the Initial Face Amount is shown on the Contract Specifications page. The Cost of Insurance Rate for any increase in Face Amount according to Section 7.1 will be determined on the effective date of the increase. If the Base Amount of Insurance is based on the Minimum Death Benefit in Sections 6.2 and 6.3, the Insurance Class of the resulting increase in Death Benefit will be the Insurance Class shown on the Contract Specifications page or, if the Face Amount has been increased, the Insurance Class for the most recent increase.

The Cost of Insurance Rate for the Initial Face Amount and for any increase in Face Amount with the same Insurance Class as shown on the Contract Specifications page will not exceed the rates shown on page 5. If different maximum Cost of Insurance Rates apply to any increase in Face Amount, those rates will be shown on a supplemental contract schedule that we will mail to you.

We may charge less than the maximum rate. Any change in Cost of Insurance Rates will apply to all Insureds of the same Insurance Class and age. Any change will be based upon future anticipated or emerging Experience Factors. Experience Factors include investment earnings, mortality, persistency, taxes and expenses.

11.4 Risk Amount

The Risk Amount is equal to:

- 1) The Base Amount of Insurance divided by an interest factor of 1.0024663;

Less:

- 2) The Account Value (before the Cost of Insurance is deducted).

If the Death Benefit is Option 1 and the Initial Face Amount has been increased, the Risk Amount for the Initial Face Amount and for each increase in Face Amount will be determined by allocating the Account Value to each portion of the Face Amount according to the ratio of each portion to the total Face Amount of this Contract.

SECTION 12 LOANS

12.1 Loan

You can get cash from us by taking a loan. If there is an existing loan, you can increase it. You may obtain a loan from us with this Contract as sole security if:

- 1) You give Written Notice; and
- 2) The loan does not increase Indebtedness to more than the Cash Surrender Value plus the cash value of any dividend options.

Loans may cause the Death Benefit Guarantee to terminate.

We have the right to defer making a cash loan for up to six months from the date the loan is requested, except when the request is made to pay premiums on any contract with us.

12.2 Loan Interest

Loan interest will accrue from the date each loan is made. Loan interest is payable in advance at the beginning of each Contract Year or when a loan is made or increased. If interest is not paid when due, it will be added to the loan and bear interest on the same terms as the loan.

A loan secured by this Contract will bear interest at a rate of not more than 7.4% per year in advance (8.0% effective rate).

When a loan is made, we will inform you of the rate. We will mail a notice to you and any assignee recorded at the Home Office at least 30 days before we make any rate increase which will apply to an existing loan.

12.3 Indebtedness

Indebtedness consists of all unpaid loans and accrued interest. All or part of the Indebtedness may be repaid at any time while the Insured is living. If there is a loan on this Contract, you must notify us if a payment to us is a repayment of Indebtedness. Otherwise, it will be considered a premium payment. The Percent of Premium Charge is not deducted from loan repayments. Repayments of Indebtedness do not change the Account Value. Upon death any Indebtedness will be deducted from the Insurance Proceeds. Upon Surrender any Indebtedness will be deducted from the Cash Surrender Value.

If the total indebtedness, including interest due and accrued, will equal or exceed the Cash Surrender Value plus the cash value of any dividend additions, the contract will terminate. Notice of the premiums required to keep this contract in force will be mailed to you, and any assignee of record, at the address last known to us. You will have 30 days after the date of notice, or, if longer, the balance of the grace period, during which the contract will remain in force. If the required premium is not received at our Home Office, this contract will terminate.

The Contract shall not terminate in a Contract Year as the sole result of a change in the rate of interest on loans until the time at which it would otherwise have terminated, if there had been no change in the rate of interest on loans during that Contract Year.

SECTION 13 BENEFICIARY

13.1 Designated Beneficiary

The beneficiary is the person or persons to whom the Insurance Proceeds are payable upon the death of the Insured. You may name a contingent beneficiary to become the beneficiary if all the beneficiaries die while the Insured is alive. If no beneficiary or contingent beneficiary is named, or if none is alive when an Insured dies, the owner (or the owner's estate) will be the beneficiary.

If more than one beneficiary is alive when the Insured dies, we will pay them in equal shares, unless you have chosen otherwise.

13.2 Change of Beneficiary

While the Insured is alive, you may change any beneficiary by Written Notice to us unless the beneficiary has been made irrevocable. Changes in the beneficiary, unless otherwise specified by the owner, will take effect on the date the notice of change is signed by the owner. No change is binding on us until it is recorded at our Home Office. Once recorded, the change binds us as of the date you signed it. The change will not apply to any payment made by us before we recorded your request.

SECTION 14 DIVIDENDS

14.1 Dividends

Each year we will determine our divisible surplus. This Contract's share, if any, will be credited as a dividend on the Contract Anniversary. Since we do not expect this Contract to contribute to divisible surplus, it is not expected that any dividends will be credited.

14.2 Dividend Options

You may choose to apply dividends under any of the options listed below. Dividends will be applied under the Payment of Premium option unless a different option has been chosen in writing.

Cash. Dividends are paid in cash

Payment of Premium. Dividends are applied as payment of a Net Premium.

SECTION 15 OPTIONAL PAYOUT PLANS

15.1 Optional Payout Plans

At the time of their commencement, any benefits provided under this contract will not be less than those provided by the application of the Cash Surrender Value to purchase a single consideration immediate annuity contract at purchase rates offered by us at the time to the same class of annuitants.

If no optional payment plan is selected, any benefits provided by this contract will be paid in cash.

The optional payout plans available to the Beneficiary upon death of the Insured are:

- A. **Interest Deposit Account**— The allocated Insurance Proceeds will be held by us in an Interest Deposit Account and will earn interest annually at rates that we determine from time to time, but never less than one and one half percent (1.5%). The interest may be paid periodically or left to accumulate. The payee may withdraw all or part of the account at any time.
- B. **Payments For a Guaranteed Period**-- We will periodically pay the amount that is calculated so that the allocated Insurance Proceeds plus interest are fully paid over a guaranteed period that may be selected. The guaranteed period must be at least five (5) years. We reserve the right to set a maximum limit. The payee may not withdraw any of the account at any time.
- C. **Payments Based on a Single Life**
- 1) **Life Only Annuity**--We will periodically pay the amount that is calculated so that the allocated Insurance Proceeds plus interest would be fully paid over a period based on the payee's life expectancy. We will pay that amount as long as the payee is alive. We will make no further payments after the payee's death. The payee may not withdraw any of the account at any time.
 - 2) **Life Annuity With Period Certain** – We will periodically pay the amount that is calculated so that the allocated Insurance Proceeds plus interest would be fully paid over a period based on the payee's life expectancy and the probability that the payee would not survive a certain period that may be selected. The certain period must be either ten (10) or twenty (20) years. If the payee dies during the certain period, we will pay the present value of the remaining certain-period payments to the payout plan beneficiary pursuant to his or her election of a lump sum or an eligible payout plan. To be eligible, the payout plan must pay out at least as rapidly as the plan in effect when the payee died. If the payout plan beneficiary does not make such an election, we will pay the annuity proceeds in a lump sum. If the payee survives beyond the selected period, we will continue making the periodic payments until the payee's death. The payee may not withdraw any of the account at any time.
- D. **Joint and Survivor Lifetime Payments** ---We will periodically pay the amount that is calculated so that the allocated Insurance Proceeds plus interest would be fully paid over a period based on the life expectancies of two (2) payees. We will pay that amount as long as one or both payees are living. Neither beneficiary may withdraw any of the account at any time.
- E. **Other Plans**--Other periodic plans may be arranged with us.

15.2 Minimum Payment Guarantee

The amount of the periodic payment under paragraphs B through E above will be determined by a single interest rate that we will declare when the plan takes effect and which will be at least one and one half percent (1.5%). Payments that depend on one or more lives will also be determined by a mortality table that we will declare when the plan takes effect and which will be at least as favorable to the beneficiary as the Annuity 2000 Mortality tables, split by sex.

Tables 1, 2 and 3 in Section 15.5 show the minimum guaranteed payments for each plan under paragraphs B, C and D, respectively, under certain stated assumptions.

15.3 Who May Choose An Optional Payout Plan

A choice of a payout plan for Insurance Proceeds may be made by you while the Insured is still alive. If no selection is made, the beneficiary shall have the right to select the plan. All choices of payout plans will take effect when recorded by us. When a payout plan starts we will issue a contract which will describe the terms of the plan. We may require that you send us this Certificate.

If the payee is not a natural person, the choice of a payout plan will be subject to our approval. An assignment will modify a prior choice of payout plan. The amount due the assignee will be payable in

one sum and the balance will be applied under the plan. We will not accept assignments of payout plans for the benefit of creditors.

15.4 Frequency of Payments

Monthly, quarterly, semi-annual or annual payments may be selected, subject to our administrative minimums.

15.5 Payout Plan Guaranteed Payments

The monthly amounts shown are for each \$1,000 applied. To change monthly payments to quarterly, semi-annual or annual payments, multiply the monthly amount by 3.00; 6.02; or 12.08, respectively. Actual payments may be more than these guaranteed amounts. The tables below assume that no cash withdrawals are made; only the minimum guaranteed interest of one and one half percent (1.5%) is paid, and payments are made at the end of the payment mode selected. Tables 2 and 3 are based on the Annuity 2000 Mortality tables, split by sex.

TABLE 1 PAYOUT PLAN B: PAYMENTS FOR A GUARANTEED PERIOD							
Years Selected	Monthly Amounts	Years Selected	Monthly Amounts	Years Selected	Monthly Amounts	Years Selected	Monthly Amounts
5	17.31	9	9.90	13	7.05	17	5.55
6	14.53	10	8.97	14	6.60	18	5.28
7	12.54	11	8.22	15	6.20	19	5.04
8	11.06	12	7.59	16	5.86	20	4.82

TABLE 2 PAYOUT PLANS C: PAYMENTS FOR LIFE						
Payee's Age	No Certain Period		Certain Periods			
			10 Year		20 Year	
	Male	Female	Male	Female	Male	Female
50	3.26	3.01	3.23	3.00	3.15	2.96
55	3.65	3.35	3.61	3.33	3.46	3.25
60	4.17	3.79	4.09	3.75	3.80	3.59
65	4.88	4.39	4.71	4.30	4.15	3.97
70	5.86	5.22	5.47	5.02	4.45	4.34

TABLE 3 PAYOUT PLAN D: JOINT AND SURVIVOR LIFETIME ANNUITY PAYMENTS					
Male Age	Female Age				
	50	55	60	65	70
50	2.72	2.86	2.97	3.06	3.13
55	2.81	2.99	3.16	3.31	3.42
60	2.88	3.10	3.33	3.55	3.75
65	2.93	3.19	3.48	3.79	4.09
70	2.96	3.25	3.59	3.99	4.41

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TOI/Sub-TOI:	L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life		
Product Name:	Universal Life		
Project Name/Number:	Ultimate Flex Flg/CNO-180		

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type: Neutral

Overall Percentage of Last Rate Revision: %

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Catholic Financial Life	%	%				%	%

State:	Arkansas	Filing Company:	Catholic Financial Life
TOI/Sub-TOI:	L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life		
Product Name:	Universal Life		
Project Name/Number:	Ultimate Flex Flg/CNO-180		

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		3% Expense Allowance		New		3% Expense Allowances for Act Memo.pdf

Female Tobacco

Table of Per \$1,000 Maximum First Year Excess Expense Allowances

Issue Age	SNFL Max Excess 1st Yr Expense Allowance	Actual Excess 1st Yr Expenses	Unamortized Excess 1st Yr Expense Allowance	Unamortized Excess First Year Expense Allowance End of Year:									
				1	2	3	4	5	6	7	8	9	10
16	18.48	0	18.48	18.36	18.23	18.11	17.98	17.84	17.71	17.57	17.42	17.27	17.12
17	18.77	0	18.77	18.64	18.51	18.38	18.24	18.10	17.96	17.81	17.66	17.51	17.35
18	19.08	0	19.08	18.95	18.81	18.67	18.53	18.38	18.23	18.07	17.92	17.75	17.59
19	19.40	0	19.40	19.26	19.12	18.97	18.82	18.67	18.51	18.34	18.18	18.01	17.83
20	19.73	0	19.73	19.58	19.43	19.28	19.12	18.96	18.79	18.62	18.45	18.27	18.08
21	20.08	0	20.08	19.93	19.77	19.61	19.44	19.27	19.09	18.91	18.73	18.54	18.35
22	20.44	0	20.44	20.28	20.11	19.94	19.76	19.59	19.40	19.21	19.02	18.82	18.62
23	20.81	0	20.81	20.64	20.46	20.28	20.10	19.91	19.72	19.52	19.31	19.11	18.89
24	21.20	0	21.20	21.02	20.84	20.65	20.45	20.25	20.05	19.84	19.63	19.41	19.18
25	21.61	0	21.61	21.42	21.23	21.03	20.82	20.61	20.40	20.18	19.95	19.72	19.49
26	22.04	0	22.04	21.84	21.63	21.42	21.21	20.99	20.76	20.53	20.29	20.05	19.80
27	22.48	0	22.48	22.27	22.05	21.83	21.60	21.37	21.13	20.89	20.64	20.38	20.13
28	22.94	0	22.94	22.72	22.49	22.25	22.01	21.77	21.52	21.26	21.00	20.73	20.46
29	23.43	0	23.43	23.19	22.95	22.70	22.45	22.19	21.93	21.66	21.38	21.10	20.81
30	23.94	0	23.94	23.69	23.44	23.17	22.91	22.63	22.35	22.07	21.78	21.48	21.18
31	24.47	0	24.47	24.21	23.94	23.66	23.38	23.09	22.80	22.50	22.19	21.87	21.55
32	25.02	0	25.02	24.74	24.46	24.16	23.87	23.56	23.25	22.93	22.61	22.27	21.93
33	25.60	0	25.60	25.30	25.00	24.70	24.38	24.06	23.73	23.39	23.05	22.70	22.34
34	26.21	0	26.21	25.90	25.58	25.25	24.92	24.58	24.23	23.87	23.51	23.14	22.76
35	26.84	0	26.84	26.51	26.17	25.83	25.47	25.11	24.74	24.36	23.98	23.58	23.18
36	27.51	0	27.51	27.16	26.80	26.43	26.06	25.68	25.28	24.88	24.47	24.06	23.63
37	28.20	0	28.20	27.83	27.45	27.06	26.66	26.25	25.83	25.41	24.98	24.54	24.09
38	28.93	0	28.93	28.53	28.13	27.71	27.29	26.86	26.42	25.97	25.51	25.05	24.58
39	29.70	0	29.70	29.28	28.85	28.41	27.96	27.50	27.03	26.55	26.07	25.58	25.09
40	30.51	0	30.51	30.06	29.60	29.13	28.65	28.17	27.67	27.17	26.66	26.15	25.63
41	31.36	0	31.36	30.88	30.39	29.89	29.38	28.87	28.34	27.81	27.28	26.74	26.20
42	32.25	0	32.25	31.74	31.22	30.69	30.15	29.60	29.05	28.49	27.93	27.36	26.79
43	33.20	0	33.20	32.65	32.10	31.54	30.96	30.38	29.80	29.21	28.62	28.03	27.43
44	34.19	0	34.19	33.61	33.02	32.42	31.81	31.20	30.59	29.97	29.35	28.72	28.10
45	35.24	0	35.24	34.62	33.99	33.36	32.72	32.07	31.42	30.77	30.12	29.46	28.80
46	36.35	0	36.35	35.69	35.02	34.35	33.67	32.99	32.31	31.62	30.93	30.24	29.55
47	37.51	0	37.51	36.81	36.10	35.39	34.67	33.95	33.23	32.51	31.78	31.06	30.33
48	38.72	0	38.72	37.98	37.23	36.47	35.72	34.96	34.20	33.43	32.67	31.91	31.14
49	40.00	0	40.00	39.21	38.42	37.62	36.82	36.02	35.22	34.41	33.61	32.80	31.99
50	41.34	0	41.34	40.50	39.66	38.82	37.97	37.13	36.28	35.43	34.58	33.73	32.87
51	42.73	0	42.73	41.84	40.95	40.06	39.17	38.27	37.38	36.48	35.58	34.68	33.78
52	44.20	0	44.20	43.26	42.32	41.37	40.43	39.48	38.54	37.59	36.63	35.68	34.72
53	45.73	0	45.73	44.73	43.74	42.74	41.74	40.74	39.73	38.73	37.72	36.71	35.69
54	47.34	0	47.34	46.28	45.23	44.17	43.11	42.05	40.98	39.91	38.84	37.77	36.70
55	49.02	0	49.02	47.90	46.78	45.66	44.53	43.40	42.27	41.14	40.01	38.87	37.73
56	50.78	0	50.78	49.59	48.40	47.21	46.01	44.81	43.61	42.41	41.20	39.99	38.78
57	52.63	0	52.63	51.37	50.10	48.83	47.56	46.28	45.01	43.73	42.44	41.16	39.87
58	54.58	0	54.58	53.23	51.89	50.53	49.18	47.82	46.46	45.10	43.73	42.36	41.00
59	56.62	0	56.62	55.19	53.75	52.31	50.87	49.42	47.97	46.51	45.06	43.61	42.16
60	58.78	0	58.78	57.25	55.71	54.18	52.64	51.09	49.54	47.99	46.45	44.90	43.37
61	60.00	0	60.00	58.39	56.78	55.17	53.55	51.92	50.30	48.68	47.06	45.45	43.85
62	60.00	0	60.00	58.35	56.69	55.02	53.35	51.69	50.02	48.36	46.70	45.06	43.44
63	60.00	0	60.00	58.29	56.58	54.87	53.15	51.44	49.73	48.03	46.34	44.67	43.03
64	60.00	0	60.00	58.24	56.47	54.71	52.94	51.18	49.43	47.70	45.98	44.29	42.62
65	60.00	0	60.00	58.18	56.36	54.55	52.73	50.93	49.14	47.37	45.63	43.91	42.22
66	60.00	0	60.00	58.12	56.25	54.38	52.52	50.68	48.85	47.05	45.28	43.54	41.81
67	60.00	0	60.00	58.07	56.14	54.22	52.31	50.43	48.57	46.74	44.94	43.16	41.41
68	60.00	0	60.00	58.01	56.02	54.05	52.11	50.19	48.30	46.44	44.60	42.79	41.00
69	60.00	0	60.00	57.95	55.91	53.90	51.92	49.96	48.04	46.13	44.26	42.41	40.58
70	60.00	0	60.00	57.89	55.81	53.75	51.73	49.74	47.77	45.83	43.91	42.02	40.16
71	60.00	0	60.00	57.84	55.71	53.62	51.55	49.51	47.49	45.51	43.55	41.62	39.75
72	60.00	0	60.00	57.79	55.62	53.47	51.36	49.27	47.21	45.18	43.18	41.24	39.40
73	60.00	0	60.00	57.74	55.52	53.32	51.15	49.01	46.90	44.83	42.81	40.91	39.10
74	60.00	0	60.00	57.69	55.40	53.15	50.93	48.74	46.58	44.49	42.51	40.63	38.84
75	60.00	0	60.00	57.62	55.28	52.97	50.69	48.45	46.27	44.21	42.26	40.40	38.63
76	60.00	0	60.00	57.56	55.15	52.78	50.44	48.18	46.03	44.00	42.06	40.22	38.43
77	60.00	0	60.00	57.49	55.02	52.58	50.22	47.98	45.86	43.85	41.93	40.06	38.28
78	60.00	0	60.00	57.42	54.88	52.41	50.08	47.86	45.76	43.76	41.81	39.95	38.24
79	60.00	0	60.00	57.34	54.77	52.33	50.02	47.82	45.73	43.69	41.74	39.95	38.31
80	60.00	0	60.00	57.31	54.75	52.33	50.03	47.85	45.72	43.68	41.81	40.09	38.47
81	60.00	0	60.00	57.33	54.80	52.39	50.09	47.87	45.73	43.77	41.97	40.28	38.48
82	60.00	0	60.00	57.35	54.83	52.43	50.10	47.86	45.81	43.93	42.15	40.27	38.18
83	60.00	0	60.00	57.36	54.85	52.41	50.08	47.93	45.96	44.10	42.13	39.95	37.72
84	60.00	0	60.00	57.38	54.82	52.38	50.13	48.07	46.13	44.07	41.79	39.45	37.19
85	60.00	0	60.00	57.33	54.77	52.43	50.27	48.24	46.09	43.70	41.26	38.89	36.78

All the expense charges are level and do not vary by duration. The initial acquisition expense charge is 0 since the first year expense charges are equal to the expense charges in years two through twenty.

Male Non-Tobacco
Table of Per \$1,000 Maximum First Year Excess Expense Allowances

Issue Age	SNFL Max Excess 1st Yr Expense Allowance	Actual Excess 1st Yr Expenses	Unamortized Excess 1st Yr Expense Allowance	Unamortized Excess First Year Expense Allowance End of Year:									
				1	2	3	4	5	6	7	8	9	10
0	14.85	0	14.85	14.80	14.75	14.69	14.63	14.57	14.50	14.43	14.37	14.29	14.22
1	14.99	0	14.99	14.94	14.88	14.82	14.75	14.69	14.62	14.55	14.48	14.40	14.33
2	15.14	0	15.14	15.08	15.02	14.95	14.89	14.82	14.75	14.68	14.60	14.52	14.45
3	15.31	0	15.31	15.25	15.18	15.11	15.04	14.97	14.90	14.82	14.74	14.66	14.58
4	15.48	0	15.48	15.41	15.34	15.27	15.20	15.13	15.05	14.97	14.89	14.81	14.72
5	15.66	0	15.66	15.59	15.52	15.44	15.37	15.29	15.21	15.13	15.04	14.96	14.87
6	15.85	0	15.85	15.78	15.70	15.62	15.55	15.46	15.38	15.29	15.21	15.12	15.03
7	16.04	0	16.04	15.96	15.88	15.80	15.72	15.64	15.55	15.46	15.37	15.28	15.19
8	16.25	0	16.25	16.17	16.09	16.00	15.92	15.83	15.74	15.65	15.56	15.46	15.37
9	16.46	0	16.46	16.38	16.29	16.20	16.11	16.02	15.93	15.83	15.74	15.65	15.55
10	16.68	0	16.68	16.59	16.50	16.41	16.32	16.22	16.13	16.03	15.94	15.84	15.74
11	16.90	0	16.90	16.81	16.72	16.62	16.52	16.43	16.33	16.23	16.13	16.03	15.92
12	17.14	0	17.14	17.04	16.95	16.85	16.75	16.65	16.55	16.45	16.34	16.23	16.12
13	17.38	0	17.38	17.28	17.18	17.08	16.98	16.88	16.77	16.66	16.55	16.44	16.32
14	17.63	0	17.63	17.53	17.43	17.32	17.22	17.11	17.00	16.89	16.77	16.65	16.53
15	17.89	0	17.89	17.79	17.68	17.57	17.46	17.35	17.24	17.12	17.00	16.87	16.74
16	17.91	0	17.91	17.81	17.70	17.60	17.49	17.37	17.26	17.14	17.01	16.89	16.76
17	18.16	0	18.16	18.05	17.94	17.83	17.72	17.60	17.48	17.35	17.22	17.09	16.95
18	18.43	0	18.43	18.32	18.20	18.09	17.97	17.84	17.71	17.58	17.44	17.30	17.16
19	18.70	0	18.70	18.58	18.46	18.34	18.21	18.08	17.95	17.81	17.66	17.52	17.37
20	18.98	0	18.98	18.86	18.73	18.60	18.47	18.33	18.19	18.04	17.89	17.74	17.58
21	19.28	0	19.28	19.15	19.02	18.88	18.74	18.59	18.45	18.29	18.13	17.97	17.80
22	19.58	0	19.58	19.44	19.30	19.16	19.01	18.86	18.70	18.54	18.37	18.20	18.02
23	19.91	0	19.91	19.77	19.62	19.47	19.31	19.15	18.99	18.81	18.64	18.46	18.27
24	20.24	0	20.24	20.09	19.93	19.77	19.61	19.44	19.27	19.08	18.90	18.71	18.51
25	20.59	0	20.59	20.43	20.27	20.10	19.93	19.75	19.56	19.37	19.17	18.97	18.76
26	20.96	0	20.96	20.79	20.62	20.44	20.26	20.07	19.87	19.67	19.46	19.25	19.03
27	21.34	0	21.34	21.16	20.98	20.79	20.60	20.40	20.19	19.97	19.76	19.53	19.30
28	21.74	0	21.74	21.55	21.36	21.16	20.95	20.74	20.52	20.29	20.06	19.83	19.58
29	22.16	0	22.16	21.96	21.75	21.54	21.32	21.10	20.87	20.63	20.38	20.13	19.88
30	22.60	0	22.60	22.39	22.17	21.94	21.71	21.47	21.23	20.98	20.72	20.46	20.19
31	23.07	0	23.07	22.84	22.61	22.37	22.13	21.88	21.62	21.35	21.08	20.80	20.52
32	23.55	0	23.55	23.31	23.06	22.81	22.55	22.28	22.01	21.73	21.44	21.15	20.85
33	24.07	0	24.07	23.82	23.55	23.29	23.01	22.73	22.44	22.14	21.84	21.53	21.21
34	24.61	0	24.61	24.34	24.06	23.78	23.49	23.19	22.88	22.57	22.25	21.92	21.58
35	25.17	0	25.17	24.88	24.59	24.29	23.98	23.66	23.34	23.00	22.67	22.32	21.97
36	25.77	0	25.77	25.47	25.15	24.83	24.50	24.17	23.82	23.47	23.12	22.75	22.38
37	26.39	0	26.39	26.07	25.73	25.39	25.05	24.69	24.33	23.96	23.58	23.19	22.80
38	27.05	0	27.05	26.71	26.35	25.99	25.62	25.24	24.86	24.47	24.07	23.66	23.25
39	27.74	0	27.74	27.37	27.00	26.61	26.22	25.82	25.42	25.00	24.58	24.15	23.71
40	28.46	0	28.46	28.07	27.67	27.26	26.85	26.43	25.99	25.56	25.11	24.65	24.18
41	29.23	0	29.23	28.81	28.39	27.96	27.52	27.07	26.61	26.15	25.67	25.18	24.68
42	30.03	0	30.03	29.59	29.14	28.68	28.21	27.73	27.25	26.75	26.24	25.72	25.19
43	30.87	0	30.87	30.40	29.92	29.43	28.94	28.43	27.91	27.38	26.83	26.28	25.72
44	31.76	0	31.76	31.26	30.75	30.23	29.70	29.16	28.60	28.03	27.46	26.87	26.28
45	32.69	0	32.69	32.16	31.61	31.06	30.49	29.91	29.32	28.71	28.10	27.48	26.85
46	33.67	0	33.67	33.10	32.52	31.93	31.32	30.70	30.06	29.42	28.77	28.11	27.45
47	34.70	0	34.70	34.09	33.47	32.83	32.18	31.52	30.84	30.16	29.47	28.77	28.07
48	35.79	0	35.79	35.14	34.47	33.78	33.09	32.38	31.66	30.94	30.21	29.47	28.72
49	36.95	0	36.95	36.25	35.53	34.79	34.05	33.30	32.54	31.77	30.99	30.21	29.41
50	38.18	0	38.18	37.42	36.65	35.87	35.07	34.27	33.46	32.65	31.82	30.98	30.14
51	39.49	0	39.49	38.68	37.85	37.01	36.17	35.31	34.45	33.58	32.70	31.80	30.90
52	40.87	0	40.87	40.00	39.11	38.22	37.31	36.40	35.48	34.55	33.61	32.66	31.70
53	42.34	0	42.34	41.40	40.46	39.50	38.54	37.56	36.57	35.58	34.57	33.56	32.55
54	43.90	0	43.90	42.90	41.88	40.86	39.83	38.78	37.72	36.65	35.59	34.52	33.45
55	45.54	0	45.54	44.46	43.38	42.28	41.17	40.05	38.91	37.78	36.65	35.52	34.39
56	47.28	0	47.28	46.13	44.96	43.78	42.58	41.38	40.17	38.97	37.76	36.56	35.36
57	49.13	0	49.13	47.89	46.63	45.35	44.07	42.79	41.50	40.22	38.94	37.67	36.38
58	51.09	0	51.09	49.75	48.39	47.02	45.65	44.28	42.91	41.55	40.19	38.82	37.45
59	53.18	0	53.18	51.73	50.27	48.80	47.34	45.88	44.42	42.96	41.50	40.03	38.56
60	55.42	0	55.42	53.85	52.28	50.71	49.15	47.59	46.02	44.46	42.89	41.31	39.73
61	57.80	0	57.80	56.11	54.43	52.75	51.07	49.40	47.72	46.03	44.34	42.64	40.94
62	60.00	0	60.00	58.20	56.40	54.61	52.82	51.02	49.22	47.41	45.59	43.78	41.98
63	60.00	0	60.00	58.15	56.30	54.45	52.60	50.74	48.88	47.00	45.13	43.28	41.45
64	60.00	0	60.00	58.09	56.19	54.27	52.36	50.43	48.50	46.57	44.66	42.77	40.90
65	60.00	0	60.00	58.03	56.06	54.08	52.09	50.09	48.10	46.12	44.17	42.24	40.34
66	60.00	0	60.00	57.96	55.91	53.85	51.79	49.73	47.69	45.67	43.68	41.71	39.76
67	60.00	0	60.00	57.88	55.75	53.62	51.48	49.37	47.28	45.21	43.17	41.16	39.17
68	60.00	0	60.00	57.79	55.58	53.37	51.17	49.01	46.87	44.76	42.66	40.60	38.59
69	60.00	0	60.00	57.70	55.41	53.13	50.88	48.66	46.46	44.29	42.15	40.06	38.02
70	60.00	0	60.00	57.61	55.24	52.91	50.60	48.32	46.06	43.83	41.65	39.54	37.49
71	60.00	0	60.00	57.53	55.10	52.70	50.32	47.97	45.65	43.38	41.18	39.04	36.99
72	60.00	0	60.00	57.46	54.95	52.47	50.02	47.61	45.24	42.94	40.72	38.58	36.52
73	60.00	0	60.00	57.38	54.79	52.23	49.71	47.24	44.84	42.51	40.28	38.13	36.07
74	60.00	0	60.00	57.29	54.62	51.98	49.39	46.88	44.45	42.12	39.87	37.71	35.64
75	60.00	0	60.00	57.20	54.43	51.73	49.10	46.56	44.11	41.76	39.49	37.32	35.25
76	60.00	0	60.00	57.10	54.26	51.51	48.84	46.27	43.80	41.43	39.15	36.97	34.92
77	60.00	0	60.00	57.02	54.12	51.32	48.62	46.03	43.53	41.14	38.85	36.69	34.66
78	60.00	0	60.00	56.95	54.00	51.16	48.43	45.81	43.29	40.88	38.61	36.47	34.49
79	60.00	0	60.00	56.89	53.90	51.03	48.26	45.61	43.07	40.68	38.43	36.33	34.40
80	60.00	0	60.00	56.85	53.82	50.90	48.10	45.43	42.90	40.53	38.32	36.28	34.41
81	60.00	0	60.00	56.80	53.72	50.77	47.95	45.28	42.77	40.45	38.29	36.32	34.48
82	60.00	0	60.00	56.75	53.63	50.65	47.83	45.18	42.72	40.45	38.36	36.43	34.61
83	60.00	0	60.00	56.70	53.55	50.57	47.77	45.17	42.77	40.56	38.51	36.59	34.79
84	60.00	0	60.00	56.67	53.51	50.55	47.80	45.26	42.92	40.76	38.72	36.81	35.03
85	60.00	0	60.00	56.66	53.53	50.61	47.92	45.45	43.15	41.00	38.98	37.09	35.36

All the expense charges are level and do not vary by duration. The initial acquisition expense charge is 0 since the first year expense charges are equal to the expense charges in years two through twenty.

Male Tobacco

Table of Per \$1,000 Maximum First Year Excess Expense Allowances

Issue Age	SNFL Max Excess 1st Yr Expense Allowance	Actual Excess 1st Yr Expenses	Unamortized Excess 1st Yr Expense Allowance	Unamortized Excess First Year Expense Allowance End of Year:									
				1	2	3	4	5	6	7	8	9	10
16	19.67	0	19.67	19.53	19.39	19.25	19.10	18.95	18.80	18.64	18.48	18.32	18.15
17	20.00	0	20.00	19.86	19.71	19.56	19.41	19.25	19.09	18.93	18.76	18.59	18.41
18	20.34	0	20.34	20.19	20.04	19.88	19.72	19.56	19.39	19.22	19.04	18.86	18.68
19	20.69	0	20.69	20.53	20.37	20.21	20.04	19.87	19.69	19.51	19.33	19.14	18.95
20	21.05	0	21.05	20.89	20.72	20.55	20.37	20.19	20.00	19.82	19.62	19.42	19.22
21	21.42	0	21.42	21.25	21.07	20.89	20.71	20.52	20.32	20.13	19.92	19.71	19.49
22	21.81	0	21.81	21.63	21.44	21.25	21.06	20.86	20.66	20.45	20.23	20.01	19.78
23	22.21	0	22.21	22.02	21.82	21.63	21.42	21.21	21.00	20.78	20.55	20.31	20.07
24	22.63	0	22.63	22.43	22.23	22.02	21.80	21.58	21.35	21.12	20.87	20.62	20.37
25	23.07	0	23.07	22.86	22.64	22.42	22.20	21.96	21.72	21.47	21.21	20.95	20.68
26	23.52	0	23.52	23.30	23.07	22.84	22.60	22.35	22.09	21.82	21.55	21.27	20.99
27	24.00	0	24.00	23.77	23.53	23.28	23.02	22.75	22.48	22.20	21.91	21.62	21.32
28	24.49	0	24.49	24.24	23.99	23.72	23.45	23.17	22.88	22.58	22.28	21.97	21.65
29	25.02	0	25.02	24.76	24.48	24.20	23.91	23.61	23.31	22.99	22.67	22.34	22.01
30	25.57	0	25.57	25.29	25.00	24.70	24.39	24.07	23.75	23.42	23.08	22.73	22.38
31	26.15	0	26.15	25.85	25.54	25.22	24.89	24.56	24.22	23.86	23.51	23.14	22.77
32	26.76	0	26.76	26.44	26.11	25.77	25.42	25.07	24.71	24.33	23.96	23.57	23.18
33	27.40	0	27.40	27.06	26.71	26.35	25.98	25.60	25.22	24.83	24.43	24.02	23.61
34	28.08	0	28.08	27.72	27.34	26.96	26.57	26.17	25.76	25.35	24.93	24.50	24.07
35	28.80	0	28.80	28.41	28.02	27.61	27.19	26.77	26.34	25.90	25.46	25.01	24.56
36	29.55	0	29.55	29.14	28.72	28.28	27.84	27.40	26.94	26.48	26.01	25.54	25.07
37	30.35	0	30.35	29.91	29.46	29.00	28.54	28.06	27.58	27.10	26.61	26.11	25.61
38	31.18	0	31.18	30.71	30.23	29.75	29.25	28.75	28.25	27.73	27.22	26.69	26.16
39	32.06	0	32.06	31.56	31.05	30.54	30.02	29.49	28.95	28.41	27.87	27.31	26.74
40	32.98	0	32.98	32.45	31.91	31.36	30.81	30.25	29.69	29.12	28.54	27.94	27.34
41	33.95	0	33.95	33.39	32.81	32.24	31.65	31.06	30.46	29.86	29.23	28.60	27.96
42	34.97	0	34.97	34.37	33.77	33.15	32.54	31.91	31.27	30.62	29.96	29.28	28.60
43	36.04	0	36.04	35.40	34.76	34.11	33.46	32.79	32.11	31.41	30.71	29.99	29.27
44	37.16	0	37.16	36.49	35.81	35.12	34.42	33.70	32.97	32.23	31.48	30.72	29.97
45	38.33	0	38.33	37.61	36.89	36.16	35.40	34.64	33.86	33.07	32.28	31.48	30.69
46	39.56	0	39.56	38.80	38.02	37.23	36.43	35.61	34.78	33.95	33.11	32.28	31.44
47	40.86	0	40.86	40.04	39.21	38.36	37.50	36.63	35.75	34.87	33.99	33.11	32.24
48	42.23	0	42.23	41.35	40.46	39.55	38.63	37.70	36.77	35.84	34.92	34.00	33.07
49	43.69	0	43.69	42.74	41.78	40.81	39.83	38.85	37.87	36.90	35.92	34.94	33.96
50	45.24	0	45.24	44.22	43.19	42.16	41.12	40.08	39.05	38.02	36.98	35.94	34.89
51	46.89	0	46.89	45.80	44.70	43.60	42.50	41.41	40.31	39.21	38.11	37.00	35.89
52	48.63	0	48.63	47.46	46.29	45.13	43.96	42.80	41.64	40.46	39.28	38.11	36.94
53	50.47	0	50.47	49.23	47.99	46.75	45.51	44.27	43.03	41.77	40.52	39.28	38.06
54	52.42	0	52.42	51.10	49.78	48.47	47.15	45.82	44.48	43.15	41.83	40.53	39.26
55	54.45	0	54.45	53.05	51.64	50.24	48.82	47.40	45.98	44.57	43.19	41.83	40.49
56	56.59	0	56.59	55.09	53.59	52.08	50.56	49.05	47.55	46.08	44.63	43.20	41.78
57	58.85	0	58.85	57.25	55.63	54.01	52.39	50.79	49.22	47.67	46.14	44.63	43.12
58	60.00	0	60.00	58.31	56.61	54.91	53.23	51.58	49.96	48.36	46.77	45.19	43.60
59	60.00	0	60.00	58.25	56.51	54.78	53.08	51.41	49.76	48.13	46.50	44.87	43.23
60	60.00	0	60.00	58.20	56.42	54.67	52.95	51.26	49.57	47.90	46.22	44.53	42.84
61	60.00	0	60.00	58.17	56.36	54.59	52.84	51.10	49.38	47.64	45.91	44.16	42.42
62	60.00	0	60.00	58.14	56.31	54.50	52.72	50.93	49.15	47.35	45.56	43.76	41.98
63	60.00	0	60.00	58.11	56.25	54.40	52.56	50.72	48.87	47.01	45.16	43.32	41.52
64	60.00	0	60.00	58.08	56.17	54.27	52.37	50.46	48.54	46.63	44.73	42.87	41.03
65	60.00	0	60.00	58.03	56.07	54.10	52.13	50.15	48.17	46.21	44.29	42.39	40.51
66	60.00	0	60.00	57.97	55.94	53.90	51.85	49.81	47.78	45.79	43.83	41.88	39.96
67	60.00	0	60.00	57.90	55.78	53.67	51.55	49.45	47.40	45.36	43.35	41.36	39.41
68	60.00	0	60.00	57.81	55.62	53.42	51.25	49.12	47.01	44.92	42.87	40.85	38.87
69	60.00	0	60.00	57.72	55.45	53.19	50.98	48.79	46.62	44.49	42.39	40.35	38.37
70	60.00	0	60.00	57.63	55.29	52.99	50.71	48.46	46.25	44.07	41.94	39.88	37.90
71	60.00	0	60.00	57.56	55.17	52.80	50.45	48.14	45.87	43.66	41.52	39.46	37.48
72	60.00	0	60.00	57.50	55.03	52.59	50.18	47.82	45.51	43.28	41.13	39.07	37.09
73	60.00	0	60.00	57.42	54.88	52.36	49.90	47.49	45.16	42.91	40.76	38.70	36.72
74	60.00	0	60.00	57.34	54.71	52.13	49.62	47.18	44.84	42.59	40.44	38.36	36.36
75	60.00	0	60.00	57.25	54.55	51.92	49.37	46.92	44.57	42.32	40.14	38.04	36.04
76	60.00	0	60.00	57.17	54.41	51.74	49.17	46.71	44.35	42.07	39.87	37.76	35.78
77	60.00	0	60.00	57.10	54.30	51.60	49.02	46.54	44.15	41.84	39.63	37.56	35.62
78	60.00	0	60.00	57.06	54.22	51.51	48.90	46.39	43.96	41.64	39.46	37.43	35.55
79	60.00	0	60.00	57.02	54.16	51.43	48.78	46.23	43.79	41.50	39.36	37.39	35.58
80	60.00	0	60.00	56.99	54.11	51.33	48.65	46.08	43.67	41.42	39.34	37.44	35.72
81	60.00	0	60.00	56.97	54.04	51.21	48.51	45.97	43.60	41.42	39.42	37.60	35.93
82	60.00	0	60.00	56.92	53.94	51.09	48.42	45.92	43.62	41.52	39.60	37.84	36.18
83	60.00	0	60.00	56.86	53.86	51.04	48.41	45.99	43.77	41.75	39.89	38.14	36.49
84	60.00	0	60.00	56.83	53.86	51.08	48.52	46.18	44.05	42.09	40.25	38.50	36.86
85	60.00	0	60.00	56.86	53.93	51.23	48.75	46.51	44.44	42.49	40.65	38.91	37.30

All the expense charges are level and do not vary by duration. The initial acquisition expense charge is 0 since the first year expense charges are equal to the expense charges in years two through twenty.

Female Non-Tobacco
Table of Per \$1,000 Maximum First Year Excess Expense Allowances

Issue Age	SNFL Max Excess 1st Yr Expense Allowance	Actual Excess 1st Yr Expenses	Unamortized Excess 1st Yr Expense Allowance	Unamortized Excess First Year Expense Allowance End of Year:									
				1	2	3	4	5	6	7	8	9	10
0	14.20	0	14.20	14.16	14.11	14.06	14.01	13.96	13.91	13.85	13.79	13.73	13.67
1	14.33	0	14.33	14.28	14.23	14.18	14.13	14.08	14.02	13.96	13.90	13.84	13.78
2	14.46	0	14.46	14.41	14.36	14.30	14.25	14.19	14.13	14.07	14.01	13.95	13.88
3	14.60	0	14.60	14.55	14.49	14.44	14.38	14.32	14.26	14.20	14.13	14.07	14.00
4	14.75	0	14.75	14.70	14.64	14.58	14.52	14.46	14.40	14.33	14.26	14.19	14.12
5	14.91	0	14.91	14.85	14.79	14.73	14.67	14.61	14.54	14.47	14.40	14.33	14.26
6	15.07	0	15.07	15.01	14.95	14.88	14.82	14.75	14.68	14.61	14.54	14.47	14.39
7	15.23	0	15.23	15.17	15.10	15.04	14.97	14.90	14.83	14.75	14.68	14.60	14.52
8	15.40	0	15.40	15.33	15.27	15.20	15.13	15.05	14.98	14.90	14.83	14.75	14.66
9	15.58	0	15.58	15.51	15.44	15.37	15.30	15.22	15.14	15.06	14.98	14.90	14.81
10	15.77	0	15.77	15.70	15.63	15.55	15.47	15.39	15.31	15.23	15.15	15.06	14.97
11	15.96	0	15.96	15.89	15.81	15.73	15.65	15.57	15.49	15.40	15.31	15.22	15.13
12	16.16	0	16.16	16.08	16.00	15.92	15.84	15.75	15.67	15.58	15.48	15.39	15.29
13	16.36	0	16.36	16.28	16.20	16.11	16.02	15.94	15.84	15.75	15.65	15.55	15.45
14	16.57	0	16.57	16.49	16.40	16.31	16.22	16.13	16.03	15.93	15.83	15.73	15.62
15	16.79	0	16.79	16.70	16.61	16.52	16.42	16.33	16.23	16.12	16.02	15.91	15.80
16	16.87	0	16.87	16.78	16.69	16.60	16.50	16.40	16.30	16.19	16.09	15.97	15.86
17	17.10	0	17.10	17.01	16.91	16.81	16.71	16.61	16.50	16.39	16.28	16.16	16.04
18	17.34	0	17.34	17.24	17.14	17.04	16.93	16.82	16.71	16.60	16.48	16.36	16.23
19	17.58	0	17.58	17.48	17.37	17.26	17.15	17.04	16.92	16.80	16.68	16.55	16.42
20	17.84	0	17.84	17.73	17.62	17.51	17.39	17.27	17.15	17.02	16.89	16.76	16.62
21	18.11	0	18.11	18.00	17.88	17.76	17.64	17.51	17.38	17.25	17.11	16.97	16.83
22	18.39	0	18.39	18.27	18.15	18.02	17.90	17.76	17.63	17.49	17.34	17.20	17.05
23	18.68	0	18.68	18.56	18.43	18.30	18.16	18.02	17.88	17.73	17.58	17.43	17.27
24	18.98	0	18.98	18.85	18.71	18.58	18.43	18.29	18.14	17.98	17.83	17.66	17.50
25	19.30	0	19.30	19.16	19.02	18.87	18.73	18.57	18.41	18.25	18.09	17.92	17.74
26	19.63	0	19.63	19.49	19.34	19.18	19.03	18.86	18.70	18.53	18.35	18.18	17.99
27	19.97	0	19.97	19.82	19.66	19.50	19.33	19.16	18.99	18.81	18.63	18.44	18.25
28	20.33	0	20.33	20.17	20.00	19.83	19.66	19.48	19.30	19.11	18.92	18.72	18.52
29	20.70	0	20.70	20.53	20.36	20.18	19.99	19.81	19.61	19.42	19.21	19.01	18.79
30	21.09	0	21.09	20.91	20.73	20.54	20.35	20.15	19.95	19.74	19.53	19.31	19.08
31	21.49	0	21.49	21.30	21.11	20.91	20.71	20.50	20.28	20.07	19.84	19.61	19.38
32	21.92	0	21.92	21.72	21.52	21.31	21.09	20.87	20.65	20.42	20.18	19.94	19.69
33	22.36	0	22.36	22.15	21.93	21.71	21.49	21.26	21.02	20.77	20.52	20.27	20.01
34	22.82	0	22.82	22.60	22.37	22.14	21.90	21.65	21.40	21.15	20.88	20.61	20.33
35	23.31	0	23.31	23.08	22.84	22.59	22.34	22.08	21.81	21.54	21.26	20.98	20.68
36	23.81	0	23.81	23.56	23.31	23.05	22.78	22.51	22.23	21.94	21.64	21.34	21.03
37	24.34	0	24.34	24.08	23.81	23.53	23.25	22.96	22.66	22.36	22.05	21.73	21.40
38	24.89	0	24.89	24.61	24.33	24.03	23.73	23.43	23.11	22.79	22.46	22.13	21.79
39	25.47	0	25.47	25.17	24.87	24.56	24.24	23.92	23.58	23.25	22.90	22.55	22.19
40	26.08	0	26.08	25.77	25.44	25.11	24.78	24.43	24.08	23.72	23.36	22.98	22.61
41	26.72	0	26.72	26.39	26.04	25.70	25.34	24.97	24.60	24.22	23.84	23.44	23.05
42	27.39	0	27.39	27.04	26.67	26.30	25.92	25.54	25.14	24.74	24.34	23.92	23.50
43	28.10	0	28.10	27.72	27.34	26.94	26.54	26.13	25.72	25.29	24.86	24.43	23.99
44	28.84	0	28.84	28.44	28.03	27.61	27.19	26.75	26.31	25.87	25.41	24.95	24.49
45	29.62	0	29.62	29.19	28.76	28.32	27.86	27.41	26.94	26.47	25.99	25.51	25.01
46	30.44	0	30.44	29.99	29.52	29.05	28.58	28.09	27.60	27.10	26.59	26.08	25.57
47	31.30	0	31.30	30.82	30.33	29.83	29.32	28.81	28.29	27.76	27.23	26.69	26.14
48	32.20	0	32.20	31.69	31.17	30.64	30.10	29.56	29.00	28.45	27.88	27.31	26.74
49	33.15	0	33.15	32.60	32.05	31.49	30.92	30.34	29.76	29.17	28.57	27.97	27.36
50	34.15	0	34.15	33.57	32.98	32.39	31.78	31.17	30.55	29.93	29.30	28.66	28.01
51	35.19	0	35.19	34.57	33.95	33.32	32.67	32.03	31.37	30.71	30.04	29.37	28.68
52	36.29	0	36.29	35.63	34.97	34.30	33.62	32.93	32.24	31.53	30.82	30.11	29.38
53	37.45	0	37.45	36.75	36.04	35.33	34.61	33.88	33.14	32.39	31.64	30.88	30.11
54	38.66	0	38.66	37.92	37.16	36.40	35.64	34.86	34.08	33.28	32.48	31.67	30.85
55	39.94	0	39.94	39.15	38.35	37.54	36.72	35.90	35.06	34.21	33.36	32.50	31.62
56	41.28	0	41.28	40.44	39.58	38.72	37.85	36.97	36.08	35.18	34.27	33.35	32.42
57	42.69	0	42.69	41.79	40.88	39.96	39.03	38.09	37.14	36.18	35.20	34.22	33.24
58	44.18	0	44.18	43.22	42.25	41.26	40.27	39.26	38.24	37.22	36.18	35.14	34.08
59	45.75	0	45.75	44.72	43.68	42.63	41.56	40.48	39.40	38.30	37.19	36.08	34.96
60	47.41	0	47.41	46.31	45.19	44.06	42.92	41.77	40.60	39.43	38.25	37.06	35.87
61	49.17	0	49.17	47.98	46.79	45.57	44.35	43.12	41.87	40.62	39.36	38.09	36.82
62	51.04	0	51.04	49.77	48.48	47.17	45.86	44.54	43.20	41.86	40.51	39.16	37.81
63	53.02	0	53.02	51.65	50.26	48.86	47.45	46.03	44.60	43.16	41.72	40.28	38.84
64	55.13	0	55.13	53.65	52.16	50.65	49.13	47.61	46.07	44.54	43.00	41.46	39.93
65	57.38	0	57.38	55.78	54.17	52.55	50.92	49.28	47.63	45.99	44.34	42.70	41.07
66	59.78	0	59.78	58.05	56.31	54.57	52.81	51.05	49.28	47.52	45.76	44.01	42.27
67	60.00	0	60.00	58.20	56.40	54.58	52.76	50.94	49.12	47.30	45.49	43.68	41.89
68	60.00	0	60.00	58.14	56.26	54.39	52.51	50.63	48.76	46.89	45.03	43.18	41.34
69	60.00	0	60.00	58.07	56.13	54.19	52.25	50.32	48.39	46.47	44.57	42.67	40.79
70	60.00	0	60.00	58.00	55.99	53.99	52.00	50.00	48.02	46.05	44.09	42.14	40.21
71	60.00	0	60.00	57.93	55.86	53.79	51.73	49.68	47.64	45.61	43.60	41.60	39.64
72	60.00	0	60.00	57.86	55.72	53.58	51.46	49.34	47.24	45.16	43.09	41.06	39.09
73	60.00	0	60.00	57.78	55.57	53.36	51.17	48.99	46.83	44.68	42.58	40.54	38.56
74	60.00	0	60.00	57.70	55.41	53.14	50.88	48.63	46.40	44.21	42.10	40.05	38.05
75	60.00	0	60.00	57.62	55.25	52.90	50.57	48.25	45.98	43.77	41.64	39.57	37.56
76	60.00	0	60.00	57.54	55.09	52.65	50.24	47.87	45.58	43.36	41.20	39.11	37.08
77	60.00	0	60.00	57.45	54.91	52.39	49.92	47.53	45.22	42.97	40.79	38.67	36.62
78	60.00	0	60.00	57.35	54.72	52.14	49.65	47.23	44.88	42.60	40.38	38.25	36.24
79	60.00	0	60.00	57.25	54.55	51.94	49.41	46.95	44.57	42.25	40.01	37.92	35.95
80	60.00	0	60.00	57.17	54.43	51.78	49.20	46.71	44.28	41.94	39.74	37.68	35.73
81	60.00	0	60.00	57.13	54.34	51.64	49.02	46.47	44.01	41.70	39.54	37.50	35.43
82	60.00	0	60.00	57.08	54.23	51.49	48.81	46.22	43.80	41.53	39.38	37.21	34.95
83	60.00	0	60.00	57.01	54.12	51.31	48.59	46.05	43.66	41.40	39.12	36.75	34.42
84	60.00	0	60.00	56.96	53.99	51.14	48.46	45.95	43.57	41.17	38.67	36.23	33.95
85	60.00	0	60.00	56.88	53.87	51.04	48.40	45.90	43.37	40.74	38.16	35.76	33.65

All the expense charges are level and do not vary by duration. The initial acquisition expense charge is 0 since the first year expense charges are equal to the expense charges in years two through twenty.

State:	Arkansas	Filing Company:	Catholic Financial Life
TOI/Sub-TOI:	L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life		
Product Name:	Universal Life		
Project Name/Number:	Ultimate Flex Flg/CNO-180		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
Flesch score.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:			
Attachment(s):			
non-compct part I.pdf			
non-compct part II.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Regulation 19 Cert		
Comments:			
Attachment(s):			
AR Title 19 Sgnd.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Regulation 34 Cert		
Comments:			
Attachment(s):			
AR Reg 34 Sgnd.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:			

SERFF Tracking #:	CAKN-128811419	State Tracking #:		Company Tracking #:	CNO-180
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State:	Arkansas	Filing Company:	Catholic Financial Life
TOI/Sub-TOI:	L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life		
Product Name:	Universal Life		
Project Name/Number:	Ultimate Flex Flg/CNO-180		

Attachment(s):
SOV.pdf

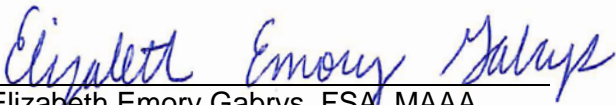
		Item Status:	Status Date:
Satisfied - Item:	Exhibit A		
Comments:			
Attachment(s):			
EXHIBIT A.pdf			

READABILITY CERTIFICATION

Company Name: Catholic Fraternal Life

I hereby certify, that the forms listed below have the following readability scores as calculated by the Flesch Reading Ease Test.

Form Number	Score
2012 UL FLEX AR	50



Elizabeth Emory Gabrys, FSA, MAAA
Vice President & Chief Actuary

December 14, 2012

Date



Catholic Financial Life

Application for Membership and Insurance to:

Catholic Financial Life
1100 West Wells Street
Milwaukee, Wisconsin 53233
(800) 927-2547

☐ New Business
☐ Conversion from Certificate No: _____

☐ New Member
☐ Changes to Certificate No: _____

A. MEMBERSHIP

Proposed Primary Insured

☐ Male ☐ Female SS/ITIN No: _____ DOB: _____ Age: _____ State of Birth: _____
Name: _____
First Middle Initial Last
Address: _____
Street City State Zip
Home phone: _____ Work/cell phone: _____ Email: _____
Where can you be reached for additional information? _____
Best Days: M T W T H F Best times: _____ ☐ a.m. ☐ p.m.
Are you a US Citizen, or do you have permanent residence status?
☐ Yes - Proof of Identity: _____
☐ No - If not a U.S. citizen, provide 1-151 (green card) number: _____ No. of years in US: _____
Driver's License: _____ State: _____
Previous Name/s: _____
Occupation: _____ Employer: _____ Income: _____
Is the Proposed Insured Catholic? ☐ Yes ☐ No Parish: _____
If no, do you otherwise qualify for membership? Explain: _____

Owner (Must complete section if Owner is not the Insured)

☐ Individual Relationship to proposed insured: _____
☐ Male ☐ Female SS/ITIN No: _____ DOB: _____
Name: _____
First Middle Initial Last
Address: _____
Street City State Zip
Home phone: _____ Work/cell phone: _____ Email: _____
☐ Trust Contact person Tax ID No. _____
Phone: _____ Email: _____

Successor Owner

☐ Male ☐ Female SS/ITIN No: _____ DOB: _____
Name: _____
First Middle Initial Last
Address: _____
Street City State Zip
Home phone: _____ Work/cell phone: _____ Email: _____

Payor (complete if Payor is other than Insured or Owner)

Relationship to Owner and Insured: _____
SS/ITIN No: _____ DOB: _____
Name: _____
First Middle Initial Last
Address: _____
Street City State Zip
Home phone: _____ Work/cell phone: _____ Email: _____

POLICY DATE

POLICY NUMBER

Additional Proposed Insured

☐ Male ☐ Female SS/ITIN No _____ DOB: _____ Age _____ State of Birth _____
 Name: _____
 First Middle Initial Last
 Address: _____
 Street City State Zip
 Home phone: _____ Work/cell phone: _____ Email: _____
 Where can you be reached for additional information? _____
 Best Days: M T W T H F Best times _____ ☐ a.m. ☐ p.m.
 Are you a US Citizen, or do you have permanent residence status?
☐ Yes - Proof of Identity _____
☐ No - If not a U.S. citizen, provide 1-151 (*green card*) number _____ No. of years in US _____
 Driver's License: _____ State _____
 Previous Name/s: _____
 Occupation: _____ Employer _____ Income _____
 Is the Proposed Insured Catholic? ☐ Yes ☐ No Parish _____
 If no, do you otherwise qualify for membership? Explain _____

Children's Information (List additional children in Remarks)

☐ Male ☐ Female SS/ITIN No _____ DOB: _____ Age _____
 Name: _____ HT _____ WT _____
 First Middle Initial Last
☐ Male ☐ Female SS/ITIN No _____ DOB: _____ Age _____
 Name: _____ HT _____ WT _____
 First Middle Initial Last
☐ Male ☐ Female SS/ITIN No _____ DOB: _____ Age _____
 Name: _____ HT _____ WT _____
 First Middle Initial Last
 Are there any children on whom coverage is not being requested? ☐ Yes ☐ No
 If yes; child's name _____ Reason _____

Beneficiary (List additional beneficiaries in Remarks)

☐ **INDIVIDUAL** ☐ **ESTATE** ☐ **TRUST** ☐ **GIFT to PARISH or OTHER CHARITY**
 Primary: Full Name _____ Relationship _____ Social Security/Tax ID No _____

 Contingent: Full Name _____ Relationship _____ Social Security/Tax ID No _____

 Parish/Charity Name _____ Amount or Percent _____
☐ Custodian for minors: Name _____ DOB _____ SS/ITIN/TAX No _____
☐ The share of any beneficiary who does not survive shall be paid in equal shares to the beneficiary's surviving children

B. COVERAGE**Plan Of Insurance;** _____

Face Amount \$ _____ ☐ Single Premium _____
 Amount remitted with this application in Exchange for the Society's receipt \$ _____
 (See Receipt and Conditional Life Insurance Agreement)
 Mode: ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly EFT _____ (day)
 Dividend Option: ☐ Cash ☐ Paid Up Life Additions ☐ Interest ☐ Reduced Premium
 Automatic Loan ☐ Yes ☐ No
 (UL only) Option ☐ #1 Level ☐ #2 Increasing
 UL planned premium \$ _____
☐ Layer/Additions to UL Amount _____ = _____

POLICY DATE

POLICY NUMBER

Riders					
<input type="checkbox"/> Accidental Death Benefit		<input type="checkbox"/> Waiver of Premium			
<input type="checkbox"/> Guaranteed Insurability Option		<input type="checkbox"/> Paid Up Addition			
<input type="checkbox"/> Term Rider (Primary Insured) \$ _____					
<input type="checkbox"/> Term Rider (Additional Insured) \$ _____					
<input type="checkbox"/> Children's Term Rider \$ _____					
Premium Class					
Primary	<input type="checkbox"/> Tobacco	<input type="checkbox"/> Select Tobacco	<input type="checkbox"/> Non-Tobacco	<input type="checkbox"/> Select	<input type="checkbox"/> Select Plus
Additional Insured Primary	<input type="checkbox"/> Tobacco	<input type="checkbox"/> Select Tobacco	<input type="checkbox"/> Non-Tobacco	<input type="checkbox"/> Select	<input type="checkbox"/> Select Plus
We will issue the policy in the Premium Class for which the Proposed Insured qualifies					
C. REPLACEMENT/SUITABILITY					
1. Does any proposed insured have any existing coverage and/or pending applications for individual life insurance or annuities with this or any other company? (other than group) <input type="checkbox"/> Yes <input type="checkbox"/> No					
2. Does any proposed insured intend to replace, discontinue or change any such coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If YES to 1 or 2 provide the following information, and complete and return any required replacement forms					
Insured Name	Policy No:	Amount	Company		
D. PRELIMINARY DECLARATION OF INSURABILITY					
Primary	Height _____	Weight _____			
1. Has the Proposed Insured ever been diagnosed or treated for diabetes, cancer, heart disease, alcoholism, drug abuse or high blood pressure? <input type="checkbox"/> Yes <input type="checkbox"/> No					
2. Has the Proposed Insured ever had insurance or reinstatement denied, postponed, limited, or offered on a substandard basis? <input type="checkbox"/> Yes <input type="checkbox"/> No					
3. Has the Proposed Insured used tobacco in any form in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Additional Proposed Insured:	Height _____	Weight _____			
1. Has the Proposed Insured ever been diagnosed or treated for diabetes, cancer, heart disease, alcoholism, drug abuse or high blood pressure? <input type="checkbox"/> Yes <input type="checkbox"/> No					
2. Has the Additional Insured ever had insurance or reinstatement denied, postponed, limited, or offered on a substandard basis? <input type="checkbox"/> Yes <input type="checkbox"/> No					
3. Has the Additional Insured used tobacco in any form in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No					
E. REMARKS					
F. AUTHORIZATION TO OBTAIN and DISCLOSE INFORMATION					
I (we) have read all the questions and answers in the application. All responses are true and complete to the best of my (our) knowledge and belief. No coverage will be in effect until: a full application has been signed by the Proposed Insured; and a policy has been issued: and the full first premium has been received by the Society; and any amendments are signed. Any coverage will be subject to the terms and conditions of the policy.					
I (we) have received the notification about the Federal Fair Credit Reporting act and the Medical Information Bureau.					
I AUTHORIZE the following to release information about me to Catholic Financial Life or its reinsurers. Those authorized include a physician, medical practitioner, hospital, clinic, other medical or medically related facility, insurance or reinsuring company, the Medical Information Bureau, a consumer reporting agency, and/or employers.					

POLICY DATE	POLICY NUMBER
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F. AUTHORIZATION TO OBTAIN and DISCLOSE INFORMATION (Continued)

I UNDERSTAND that this information may include diagnosis, treatment, and prognosis with respect to any physical or mental condition and/or treatment, and other non-medical information (such as credit reports and employer reports) concerning me. I authorize all sources, except MIB, to give records or knowledge to any agency employed by Catholic Financial Life. I authorize them to collect and transmit such information I UNDERSTAND they will use the information obtained through this Authorization to determine eligibility for insurance. Any information obtained will not be released to any person or entity EXCEPT to reinsuring companies, or other persons or organization performing business or legal services with my application. The Society may release this information when lawfully required, or as I further authorize.

I KNOW that I, or my authorized representative, may request a copy of this Authorization. I AGREE that a photographic or faxed copy of this Authorization shall be as valid as the original. I ACKNOWLEDGE that I received the "Notice to Applicant" form. I AGREE this Authorization shall be valid for two years from the date shown below.

G. AGREEMENT (check one)

☐ Catholic Financial Life conditional coverage receipt was given for this life insurance plan. I acknowledge that I have read the receipt provided and understand its terms, conditions and limitations. I understand that I will not receive any insurance coverage for my money unless a policy is issued as applied for.

☐ No conditional coverage receipt was given for this insurance plan. I acknowledge that I have not paid any premium for this insurance. I understand that this insurance is not in effect and that the first premium must be paid upon delivery of the policy.

I hereby apply for insurance in the amount on the plan and at the rate stated in this application. I agree that the entire contract consists of this application for life insurance and all supplemental application forms required for the contract or change applied for the policy, the statement of insurability, and medical examination statements, the Articles of Incorporation and By-Laws of the Society.

IT IS AGREED:

- 1) I have read the application and all statements in this application are to the best of my knowledge and belief true, complete and correctly recorded.
- 2) No Representative of the Society has the authority to waive any question contained in the application or to modify the application in any way.
- 3) No Representative is authorized to change or waive any terms of this agreement or to make any promises or representations other than those contained in this agreement.
- 4) No information acquired by any agent shall bind the Society unless set out in writing in this application.
- 5) Unless otherwise provided in a conditional receipt bearing the date of the application, no liability exists until a contract is delivered, accepted by the owner and the first payment made. This must occur during the lifetime and insurability of the applicant under this contract and the health of all persons to be insured remains as stated in the application.
- 6) The contract applied for shall take effect on the later of the date requested by the applicant, or the approval date of the application from the Society at the Home Office.
- 7) When you accept the contract issued on this application, you are approving and ratifying any corrections, additions, or changes made by the Society. We do not make changes in the plan of insurance or payment without your written consent.
- 8) Except as provided in the Conditional Temporary Life Insurance Agreement Receipt, issued if the first premium for the contract applied for is paid, no insurance will take effect unless and until
 - a. A contract of insurance is issued and delivered
 - b. The first full premium is paid during the life time of the person to be covered; and
 - c. The health of all persons to be insured remains as stated in this application.

**Any person who knowingly presents a false statement in an application
for insurance may be guilty of a criminal offense
and subject to penalties under state law.**

Dated at _____ on _____
City State Month Day Year

Signature of Proposed Insured

Signature of Proposed Additional Insured

Signature of Parent/Guardian for Minor

Signature of Owner (if other than insured)

Signature of Agent

Agent No.

Split Advisor No. _____ Percentage _____

POLICY DATE

POLICY NUMBER



Full Legal Name _____

Date of Birth _____

Social Security Number _____

Policy Number _____

Interviewer _____

Date of Interview _____

PROPOSED INSURED MUST COMPLETE ALL QUESTIONS. ALL "YES" ANSWERS MUST BE EXPLAINED AND REFERENCED IN REMARKS.

Has or does the person proposed for this insurance coverage:	Yes	No
1) Ever engaged in or expect to engage within the next two years any of the following: a. Aviation activities as a pilot or crew member?	<input type="checkbox"/>	<input type="checkbox"/>
b. Skin or Scuba Diving; organized motor vehicle or motor boat racing; mountain climbing; professional rodeo competition; skydiving; parachuting, hang-gliding?	<input type="checkbox"/>	<input type="checkbox"/>
2) Are you or do you intend to become a member of the Armed Forces (including Reserves or National Guard)?	<input type="checkbox"/>	<input type="checkbox"/>
3) a. Drink alcoholic beverages? If yes, how much per week? _____ (one drink = 12 oz. beer, 4 oz. wine, or 1 oz. hard liquor) Amount _____	<input type="checkbox"/>	<input type="checkbox"/>
b. Now or ever used heroin, cocaine, marijuana, or illegal, restricted or controlled substance, except as prescribed by a physician?	<input type="checkbox"/>	<input type="checkbox"/>
c. Ever had or been advised by a physician, practitioner, or court of law to have treatment for alcohol, drug, or substance abuse?	<input type="checkbox"/>	<input type="checkbox"/>
4) a. Had insurance or reinstatement refused, postponed, limited, offered, or quoted on a rated or substandard basis?	<input type="checkbox"/>	<input type="checkbox"/>
b. Will this insurance replace or change any existing life insurance or annuity contract?	<input type="checkbox"/>	<input type="checkbox"/>
c. Made within the past 5 years a claim for or received benefits compensation, or pension for any injury, sickness, disability, or impaired condition?	<input type="checkbox"/>	<input type="checkbox"/>
d. In the past 5 years been unable to work, attend school, or perform normal activities of like age and gender, or been confined at home.	<input type="checkbox"/>	<input type="checkbox"/>
5) Ever been cited for driving while intoxicated (DWI), or driving under the influence (DUI)?	<input type="checkbox"/>	<input type="checkbox"/>
a. Ever been cited for any other driving violation in the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
6) Ever been convicted in a court of law for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
7) a. Have you traveled outside the United States within the past 2 years or intend to travel outside the United States within the next 2 years?	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you lived outside of the United States within the past 2 years or intend to live outside the United States within the next 2 years?	<input type="checkbox"/>	<input type="checkbox"/>
8) 8) Do you now use or have you ever used tobacco or nicotine in any form? If yes, indicate the type of tobacco used: <input type="checkbox"/> cigarettes <input type="checkbox"/> pipe <input type="checkbox"/> cigar <input type="checkbox"/> chewing tobacco <input type="checkbox"/> other If applicable, the date you stopped: _____	<input type="checkbox"/>	<input type="checkbox"/>
9) a. Were your parents, brothers or sisters diagnosed and treated for mental illness, diabetes, heart, kidney or liver disease, high blood pressure, stroke or cancer? If yes, name person(s). b. Give name, cause and age at death of father, mother, brother(s), sister(s) if deceased: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
10) Full name and complete address of personal physician; the date, reason last seen and diagnosis: _____ _____		
11) Have you declared bankruptcy in the last 7 years or had any suits, judgments or liens against you? If yes, discharged date: _____	<input type="checkbox"/>	<input type="checkbox"/>

COMPLETION OF QUESTIONS 12-19 IS REQUIRED IN ALL CASES. ANY "YES" ANSWERS MUST BE FULLY EXPLAINED AND REFERENCED IN REMARKS.

AIDS TEST RESULTS OBTAINED AT AN ANONYMOUS COUNSELING AND TESTING SITE DESIGNATED BY THE STATE EPIDEMIOLOGIST OR AT A SIMILAR FACILITY IN ANOTHER JURISDICTION OR HOME TESTING ARE CONFIDENTIAL AND NEED NOT BE DISCLOSED. NONE OF THESE APPLICATION QUESTIONS SHOULD BE INTERPRETED AS ASKING ABOUT AIDS, UNLESS THE QUESTION SPECIFICALLY MENTIONS AIDS.

Has or does the person proposed for insurance coverage:	Yes	No
12) Ever been diagnosed or treated by a member of the medical profession for a disorder, disease or persistent discomfort of the following systems:		
a. Respiratory (lungs, bronchi, trachea, etc.) such as, but not limited to, TB, asthma, emphysema, bronchitis, shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>
b. Circulatory (heart, blood, arteries, veins, etc.) such as, but not limited to, high blood pressure, heart attack, chest pains, murmur?	<input type="checkbox"/>	<input type="checkbox"/>
c. Digestive (Throat, esophagus, stomach, intestine, liver, gall bladder, etc.) such as, but not limited to, ulcer, colitis, cirrhosis, hemorrhoids, bleeding?	<input type="checkbox"/>	<input type="checkbox"/>
d. Nervous (brain, nerves, etc.) such as, but not limited to, paralysis, stroke, fainting, dizziness, epilepsy, convulsions, recurring headaches?	<input type="checkbox"/>	<input type="checkbox"/>
e. Musculo-skeletal (muscles, bones, joints, spine, etc.) such as, but not limited to, neck/back problems, fracture, arthritis?	<input type="checkbox"/>	<input type="checkbox"/>
f. Genito-urinary (kidney, bladder, reproductive organs, etc.) such as, but not limited to, kidney stones, infection, bleeding, male or female disorders?	<input type="checkbox"/>	<input type="checkbox"/>
g. Glandular (thyroid, pancreas, adrenal, lymph glands, etc.) such as, but not limited to, abnormal growth or function, including diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
13) Been diagnosed or treated by a member of the medical profession for:		
a. impaired sight, or eye disorder	<input type="checkbox"/>	<input type="checkbox"/>
b. impaired hearing, or ear disorder	<input type="checkbox"/>	<input type="checkbox"/>
c. hernia	<input type="checkbox"/>	<input type="checkbox"/>
d. skin disease	<input type="checkbox"/>	<input type="checkbox"/>
e. any sexually transmitted disorders or diseases	<input type="checkbox"/>	<input type="checkbox"/>
14) Been diagnosed or treated by a member of the medical profession for any mental, nervous, psychological, or emotional condition or disorder, such as, but not limited to, anxiety, depression, or nervous breakdown?	<input type="checkbox"/>	<input type="checkbox"/>
15) Have you ever been diagnosed or treated for cancer, tumor, cyst, or growth?	<input type="checkbox"/>	<input type="checkbox"/>
16) Gained or lost more than 10 pounds in the past year? Amount: _____ Cause: _____	<input type="checkbox"/>	<input type="checkbox"/>
17) Within the past 5 years: (Refer to disclaimer concerning AIDS test results at top of page)		
a. Have you been treated, examined or advised by a member of the medical profession?	<input type="checkbox"/>	<input type="checkbox"/>
b. Had a physical examination? If yes, list the reason for and results below.	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you been advised by a member of the medical profession to get specified medical care which was not completed, such as any hospitalization, surgery or diagnostic test, except those tests related to the Human Immunodeficiency Virus (AIDS virus)?	<input type="checkbox"/>	<input type="checkbox"/>
d. Been on, or now on, prescribed diet or medication? List description of medication or diet, date prescribed and name and address of prescriber in remarks	<input type="checkbox"/>	<input type="checkbox"/>
e. Currently take any herbs, vitamins, mineral supplements or other non-prescription remedies? List description of non-prescribed medications in remarks.	<input type="checkbox"/>	<input type="checkbox"/>
18) Been diagnosed or treated by a member of the medical profession the past 10 years for complications of pregnancy (such as C-section) or now pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
19) a. Been treated or diagnosed by a member of the medical profession as having any disorder of the blood or immune system, including Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)? Or Human Immunodeficiency Virus (HIV)?	<input type="checkbox"/>	<input type="checkbox"/>
b. Ever been treated by a member of the medical profession as having the AIDS (TTLV-III) Virus or tested positive to FDA licensed blood tests?	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

For all yes answers list question number and give full details, including name; address, and telephone number of the medical professional or facility providing treatment; diagnosis, dates of diagnoses, consultations, tests and treatments:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

I declare that all statements and answers in this application and any questionnaire or declaration of insurability completed in connection with this application are, to the best of my knowledge and belief, true, complete, and correctly recorded. A copy of this application will be attached to and made a part of the insurance issued upon it, and will be used to determine if coverage will be issued.

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Signature of Proposed Insured

Date _____

Signature of Owner/Applicant, if other than Proposed Insured

Signed at (City, State)



**STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE**

Company Name: Catholic Financial Life

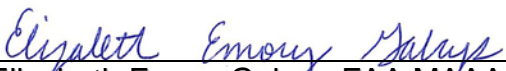
Form Titles:

Universal Life Insurance

Form Numbers:

2012 UL FLX AR

I hereby certify that to the best of my knowledge and belief, the above forms and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.



Elizabeth Emory Gabrys FAA MAAA
Vice President & Chief Actuary

December 14, 2012

Date



**STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE**

Company Name: Catholic Financial Life

Form Titles: Individual Flexible Premium Adjustable Life Insurance Certificate

Form Numbers: 2012 UL FLX AR

I hereby certify that to the best of my knowledge and belief, the above forms and submission complies with Arkansas Regulation 34.

Elizabeth Emory Gabrys
Elizabeth Emory Gabrys FAA MAAA
Vice President and Chief Actuary

December 14, 2012
Date

CATHOLIC FINANCIAL LIFE

STATEMENT OF VARIABLE MATERIAL FOR CONTRACT FORMS NO. 2012 UL FLX AR

October 18, 2012

Variability is denoted by Bracketing

PAGE	VARIABLE ITEM	DESCRIPTION
Cover	INSURED: [John Doe]	John Doe information.
Cover	CERTIFICATE NUMBER: [123456]	John Doe information.
Cover	Signatures	The signatures are those in effect at this time and over time may change. The signatures will be those officers applicable at the time this certificate is issued.
3	INSURED: [John Doe]	John Doe information.
3	ISSUE AGE: [35]	John Doe information.
3	INSURED GENDER: [Male]	John Doe information.
3	CERTIFICATE NUMBER: [123456]	John Doe information.
3	CERTIFICATE DATE: [7/1/2010]	John Doe information.
3	FACE AMOUNT OF INSURANCE [\$100,000] (2 occurrences)	John Doe information. <ul style="list-style-type: none"> • Minimum = \$25,000 • No Maximum
3	PREMIUM CLASS [Non-Tobacco]	Five available classes: <ul style="list-style-type: none"> • Select Plus • Select • Non-Tobacco • Select Tobacco • Standard Tobacco
3	OWNER: [John Doe]	John Doe information.
3	DIVIDEND OPTION: [Cash]	Insured can choose to leave on deposit, receive in cash or apply to a premium
3	DEATH BENEFIT OPTION: [Option 1]	John Doe information , Option 1 or Option 2
3	ADDITIONAL INSURED (showing name, premium class, issue age and sex)	This is John Doe information, and it will print if an additional insured is covered by a rider.
3	Initial Face Amount	John Doe information.
3	Benefit Expiry Date	John Doe information.
3	Number Years Premium Payment	John Doe information.
3	Monthly Death Benefit Guarantee Premium	John Doe information.
3	Total Monthly Death Benefit Guaranteed Premium	John Doe information.
3	Total Planned Premium	John Doe information.
3	Planned Premium Mode	Insured can choose Annual, Semi-Annual, Quarterly or Monthly.
3	Minimum Face Amount	This will be either \$25,000, \$50,000 or \$100,000. It varies by issue age and underwriting class.
3	The telephone number of the [WI Office of the Commissioner of Insurance] is [1-800-236-8517]	The state of issue is a variable item as well as the corresponding toll-free number for that state insurance department at the time this certificate is issued.
4	Monthly Expense Charges	Charge varies by issue age, distribution channel, special marketing program, or on a specific date, but will not exceed \$10/month.
4	Monthly Deduction for Riders	John Doe Information.
4	Surrender Date	John Doe information and varies by issue age
4	Surrender Charges	John Doe information and varies by issue age.
5	Table of Maximum Cost of Insurance Rates	John Doe information that varies by Gender and Premium Class

I certify that any change or modification to a variable item shall be administered in accordance with the requirements in the Variability of Information Section, including any requirements for prior approval of a change or modification.



Brian J. Brugger, ASA, MAAA
Associate Actuary
October 18, 2012

EXHIBIT A (REVISED)

**CONSENT TO SUBMIT RATES
AND/OR COST BASES FOR APPROVAL**

NAME OF COMPANY: Catholic Financial Life

FORM NUMBERS: 2012 UL FLX AR

The Company does hereby consent and agree:

that all premium rates and/or cost bases both "maximum" and "current or projected," used in relation to the policy form number(s) indicated above must be filed with the Insurance Commissioner for the State of Arkansas ("commissioner") at least sixty (60) days prior to their proposed effective date. Such rates and/or cost bases shall be deemed effective sixty (60) days after they are filed with the Commissioner, unless the Commissioner shall approve or disapprove such rates and/or cost bases prior the expiration of sixty (60) days.



Brian J. Brugger, ASA, MAAA
Associate Actuary

December 14, 2012

Date